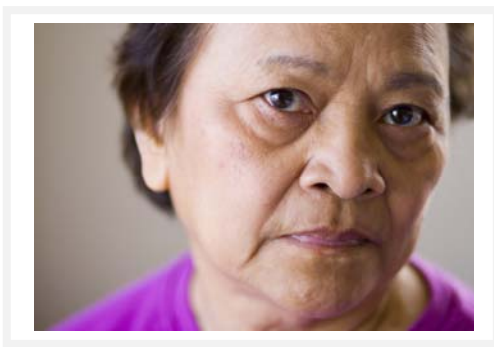




# 2010 Snohomish County Low Income Needs Assessment

A study of needs and services for low-income households in  
Snohomish County, Washington



Snohomish County Human Services, Community Action Partnership Division



## Acknowledgments

### Snohomish County Government

#### Snohomish County Executive

Aaron Reardon

#### Snohomish County Council

John Koster, District 1  
 Brian Sullivan, District 2  
 Mike Cooper, District 3  
 Dave Gossett, District 4  
 Dave Somers, District 5

### Snohomish County Community Action Partnership Community Services Advisory Council

Michael Holcomb, Chair  
 Kirin Vreeland, Vice Chair  
 Raelynn Morgison  
 Darlene Robinett  
 Barbara Davis

Sandy Marks  
 Susan K. Griffith  
 Kevin Laverty  
 Brian Wright  
 Jonalyn Woolf-Ivory

### Snohomish County Department of Human Services

Kenneth Stark, Director

#### Division of Housing & Community Services

Jeffrey Watson, Division Manager  
 Renee Peare, Human Services Specialist II

#### Division of Aging & Disability Services

Mary King, Division Manager  
 Susan Starrfield, Supervisor, LTCA & Ombudsman

#### Division of Alcohol/Drugs, Mental Health & Veterans

Cammy Hart-Anderson, Division Manager

#### Division of Administrative Services

Mike Fulcher, Division Manager  
 Ted Pyles, Financial Compliance Officer  
 Linda Daley, Grant Accountant

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Reasonable accommodations will be made to provide the information in this document in an alternate format upon request. Please contact Jeffrey Watson at (425) 388-7116 (voice), 425 388-3700 (TDD), or Jeffrey.watson@snoco.org (e-mail).

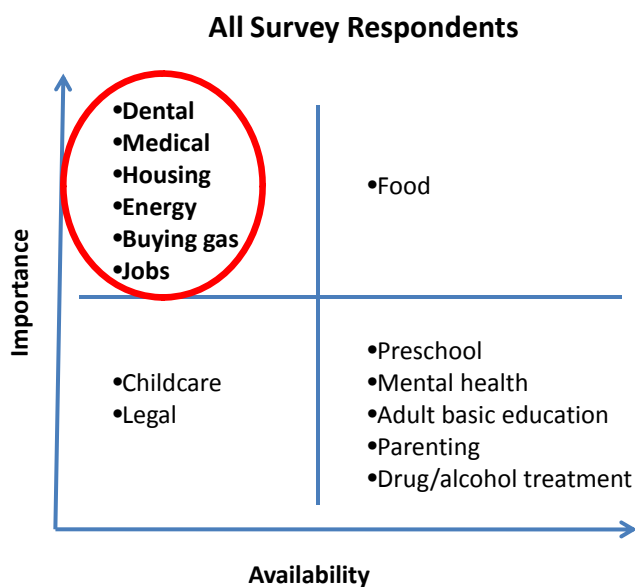
Funding for the preparation of the 2010 Snohomish County Low Income Needs Assessment was provided from the Community Services Block Grant (CSBG), a grant program of the U.S. Department of Health & Human Services administered by the Washington State Department of Commerce.

## Executive Summary

Snohomish County Human Services conducted a low-income needs assessment to help public and private agencies plan for service delivery. This assessment is based on the results of a survey of low-income clients representing 1,484 low-income households. The households represented by the respondents included approximately 2,783 persons (1,351 adults and 1,432 children). Focus groups were also conducted with 33 households from five population groups: families receiving TANF assistance, Latino families, homeless persons, and immigrants from Africa and Arabic-speaking countries.

**Dental, medical, housing, energy and employment services are highly important and hard to access for many low-income households.** The survey asked respondents to rate 14 different community-based services on a scale of importance and also on a scale of availability.

For this study, an extreme service gap exists when a service is *extremely important* to a household and *very hard to get*. This survey found extreme gaps for the following services: affordable *dental* (35% of households) and *medical* (29%) services, *housing* assistance (33%), *help buying gas* (28%), *jobs* (26%), and *energy assistance* (18%).



**Figure 1 Summary of importance and availability analysis of local community services**

Food assistance was found, on average, to be very important and also relatively easy to get. Only 10% of households indicated an extreme gap for food assistance. Childcare was an extreme gap for 16% of households; however, because the need for childcare affects fewer households (compared, for example, to the need for housing and healthcare), it scored relatively low in importance for the overall sample.

Similarly, legal services scored relatively low in importance, but also low in availability to those who need it; 16% of households indicated an extreme gap for affordable legal services.

The other services that had below average importance scores were relatively easy to access, on average, for this sample of low-income households. They included: preschool (8%), mental health (9%), adult basic education (10%), parenting support (7%), and drug or alcohol treatment (7%).

### **Medical and dental services**

The lack of affordable medical and dental care is reflected in the large numbers of respondents who postponed needed care due to cost: 48% postponed medical care and 63% postponed dental care. The problem of postponing needed medical care was strongly associated with a respondent's insurance status. Among those with coverage, 28% say they postponed care, yet twice as many of the uninsured say they postponed care (60%).

### **Housing assistance**

Though 57% of respondents rated rental assistance as extremely important to their household, only one in four respondents received rent assistance in the past year (24%), and another 12% received Section 8 vouchers. The following situations were experienced by clients in the 12 months prior to the survey, and reflect various degrees of housing instability: 42% shared housing with another household due to cost, 29% moved in the last year due to high housing costs, 12% were evicted from their housing, and 7% were homeless at the time of the survey.

### **Energy and gas**

Though only 28% of respondents rated help buying gas both extremely important and very hard to get, 39% reported difficulty getting to work or appointments due to transportation issues. Using public transportation can often be a more affordable option than driving, however, one in three respondent households had difficulty accessing services because of lack of public transportation (29%).

### **Employment**

An extreme service gap for one in four respondents (26%), the importance of living wages jobs cannot be underestimated. At the time of the survey, 43% of respondents were unemployed and seeking work. The average duration of unemployment was 12 months.

### **Other services**

These findings should not be interpreted to mean that the other services are not worthy of attention, particularly those services which are extremely important to specific segments of the population. For

example, focus group participants with young children face difficulties finding affordable childcare. Focus groups of single mothers also highlighted the importance of domestic violence services. Seven out of eight participants in the focus group of TANF recipients had experienced domestic violence, which contributed to housing instability, mental health issues, and often the loss of income associated with family break-ups.

**Focus groups**

In general, focus group participants reported the same high priority needs as the survey respondents, including: affordable medical and dental care, affordable housing, and help buying gas. Families emphasized the interconnectedness of employment, education, childcare, and housing. They noted how difficult it is to maintain both employment and childcare services without targeted assistance. Focus groups also revealed that food assistance is widely available; however, participants would like to have more options for fresh fruits and vegetables.

Focus group findings also revealed that not all low-income populations had the same experiences accessing the services they needed. In general, families with children were more likely to be accessing services, especially housing and shelter programs. Housing was seen as a key service, without which employment, education, healthcare or behavioral health treatment was even more difficult to obtain. It was observed by homeless focus group participants that single, adult males are most likely to be turned away by shelter providers, forcing some to live outside.

Language barriers were evident for recent immigrants and other non-English speakers. Latino participants are grateful for service providers that employ staff who speak Spanish. Language barriers are particularly acute for people who speak languages that are less commonly spoken in Snohomish County.

Several families had struggled to find out about the available help and how to access it. Focus group respondents observed that their DSHS case managers did not know about some important services, and instead referred them to 211. However, experiences with 211 had not resulted in successful service referrals either. On the other hand, certain programs seemed to act as a keystone for participating clients, educating them about what other services were available, connecting them to these services, and even advocating on behalf of clients who had been turned away.

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## Introduction

### Snohomish County Human Services Department

The Human Service Department coordinates and funds programs that respond to the human service needs of residents of Snohomish County. The scope of services supported by the Human Services Department includes programs which assist those with economic disadvantages, the homeless and others in need of decent, affordable housing, those with functional disabilities, such as the frail elderly and physically disabled, those with developmental disabilities, those with acute or chronic mental illness, and those who are at risk of or suffering from substance abuse.

The work of the Human Services Department is accomplished through partnerships with a broad spectrum of community agencies. The Department works with funded community sponsored programs, such as Family Support Centers, Senior Centers, and youth activities, as well as administering local, State, and Federal grants and other funding sources allocated to the County. For administrative and programmatic purposes the Department is organized into five divisions. Increasingly, population and service delivery factors require collaborative approaches that draw on the expertise and resources of more than one division and on organizations and resources outside of the Department. The Department is continually looking for ways to enhance collaboration throughout the Snohomish County community to most efficiently and effectively serve persons and households in need. The divisions and their programs include:

#### Division of Housing & Community Services

- Community Development Block Grant
- Community Services Block Grant
- Emergency Shelter Grant
- HOME
- Supportive Housing Program
- Continuum of Care Program
- Emergency Shelter Assistance Program
- Homeless Management Information System
- HPRP/Rapid Rehousing
- Energy Assistance Program
- Weatherization Program
- Project Self Sufficiency

#### Division of Alcohol/Drugs, Mental Health & Veterans

- Involuntary Treatment Services
- Contracted Mental Health Services
- DUI Countermeasure Program
- Alcohol and Drug Treatment Programs
- Alcohol and Drug Abuse Treatment and Support Act (ADATSA) Programs
- Veterans Services

#### Division of Aging & Disability Services

- Case Management for Medicaid Eligible Adults
- Long Term Care Planning and Administration
- Long Term Care Ombudsman
- Family Caregiver Programs
- Kinship Caregiver Programs
- Career Path Services Introduction
- Gateway Parent Support
- Birth to Three Early Interventions
- High School Transition Coordination

#### Early Childhood Education

- Early Childhood Education and Assistance Program
- Early Head Start

#### Division of Administrative Services

- Financial
- Contracts
- Clerical
- Research and Analysis
- Technology



## Purpose Statement

Good information represents the foundation for good planning. It was the desire of the Human Services Department to learn from low income residents about their needs and whether or not their circumstances were better or worse when compared to a year ago. Their input gives low income residents a voice in what government does. The data from the Low Income Needs Assessment will be incorporated into a number of planning processes affecting the kinds of services offered, the way services are offered, and form a basis for legislative advocacy to create opportunities for low income residents to meet their needs.

## Poverty

Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not having access to school and not knowing how to read. Poverty is not having a job, is fear for the future, living one day at a time. Poverty is powerlessness, lack of representation, and freedom.

Most often, poverty is a situation people want to escape. So poverty is a call to action -- for the poor and the wealthy alike -- a call to change the world so that many more may have enough to eat, adequate shelter, access to education and health, protection from violence, and a voice in what happens in their communities. To know what helps to reduce poverty, what works and what does not, what changes over time, poverty has to be defined, measured, and studied -- and even experienced. As poverty has many dimensions, it has to be looked at through a variety of indicators -- levels of income and consumption, social indicators, and indicators of vulnerability to risks and of socio/political access.<sup>1</sup>

## How is poverty measured?

Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the U.S. Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is poor. If a family's total income is less than that family's threshold, then that family, and every individual in it, is considered poor. The **poverty thresholds** do not vary geographically, but they are updated annually for inflation using the Consumer Price Index. The official poverty definition counts

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<sup>1</sup> Excerpted from The World Bank web site <http://www.worldbank.org/>

money income before taxes and does not include capital gains and non-cash benefits (such as public housing, Medicaid, and food stamps).<sup>2</sup>

The **poverty guidelines** are another version of the federal poverty measure. They are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for administrative purposes – for instance, they are used in determining financial eligibility for certain Federal programs. Programs using the guidelines (or percentage multiples of the guidelines for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Basic Food Program (formerly, the Food Stamps Program), the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families, or TANF, and its predecessor Aid to Families with Dependent Children, and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility.<sup>3</sup>

*Poverty guidelines*, as established by the Federal Office of Management and Budget, are shown in Table 1. The guideline of 125% of poverty is used as an eligibility criterion for many programs that assist persons in Snohomish County.

**Table 1 Federal Poverty Guidelines for Year 2010 (U.S. Department of Health and Human Services)**

FAMILY SIZE	INCOME PER MONTH	MONTHLY ELIGIBILITY	ANNUAL LIMIT AT
	AT 100% OF FPL	LIMITS AT 125% OF FPL	125% OF FPL
1	\$903	\$1,128	\$13,538
2	\$1,214	\$1,518	\$18,213
3	\$1,526	\$1,907	\$22,888
4	\$1,838	\$2,297	\$27,563
5	\$2,149	\$2,686	\$32,238
6	\$2,461	\$3,076	\$36,913
7	\$2,773	\$3,466	\$41,588
8	\$3,084	\$3,855	\$46,263

<sup>2</sup> Source: Joseph Dalaker and Bernadette D. Proctor, U.S. Census Bureau, Current Population Reports, Series P60-210, Poverty in the United States: 1999, U.S. Government Printing Office, Washington, DC

<sup>3</sup> Excerpted and edited from *Poverty Newsletter*, a newsletter of The American Association of Law Schools--Poverty Law Section, Issue number 38, April 2002, Loyola University, New Orleans, LA.

The U.S. Census Bureau estimates that there were 66,458 people living in poverty in Snohomish County in 2009 (the last year that estimates are available). That constitutes 9.7% of the County's estimated population. Of those, the Census Bureau estimates that 19,560 are less than 18 years old, making an estimated 11.6% of this age group at or below poverty.

Washington State, by comparison, is estimated to have 803,266 people living at or below poverty, comprising 12.3% of the overall population. The bureau also estimates that there are 249,767 children in this state living at or below poverty. That makes 16.2% of the state's children at or below poverty.

### **Elder Economic Security Standard Index**

There are several alternative standard measures of economic security, which develop indices that are more relevant to specific subgroups and/or more relevant to a geographic region. One such example is the Elder Economic Security Index (EESI). According to the organizations that developed the EESI, "The Elder Index measures the minimum income older adults require to make ends meet, live with dignity and remain in their own homes."<sup>4</sup>

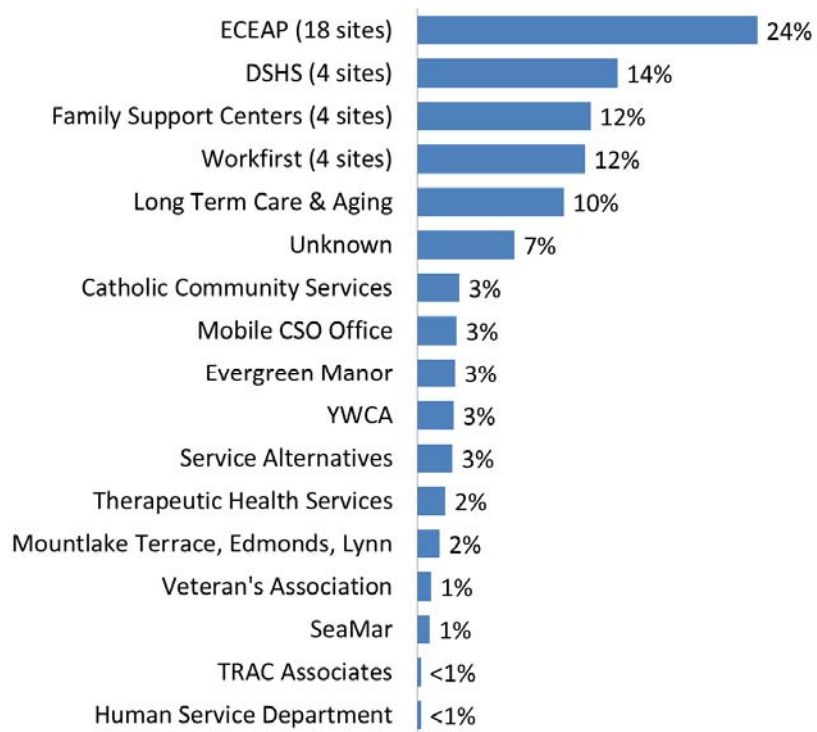
## **Needs Assessment Methodology**

Snohomish County Human Services conducted a low-income needs assessment to help public and private agencies plan for service delivery. This assessment is based on the results of a survey of low-income clients representing 1,484 low-income households. The households represented by the respondents included approximately 2,783 persons (1,351 adults and 1,432 children). Survey sites included those locations listed in Figure 2. Focus groups were also conducted with five population groups: families receiving TANF assistance, Latino families, homeless persons, and immigrants from Africa and Arabic-speaking countries.

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<sup>4</sup> Washington Association of Area Agencies on Aging and Wider Opportunities for Women. See this web site for more complete information about the EESI:

<http://www.wowonline.org/ourprograms/eesi/state-resources/washington.asp>



**Figure 2** Proportion of respondents who completed surveys at data collection site (n=1,484)

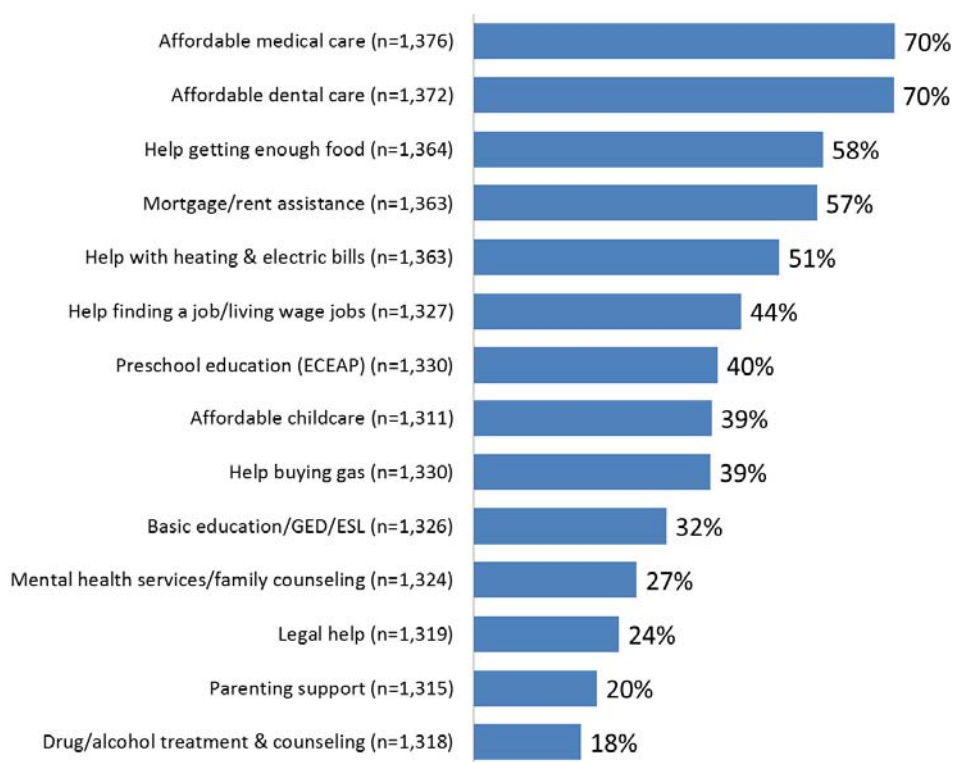
## Findings of Low-Income Client Survey

This section presents the findings of the low-income client community survey. We begin by describing the primary service access needs of this sample of clients. Next, we take a look at the demographic characteristics of the 1,486 respondents and their households. Then, we present detailed analyses of client survey data within several general categories of need and services including health and healthcare, housing and energy, childcare, and food and nutrition.

### Perceived low-income service gaps

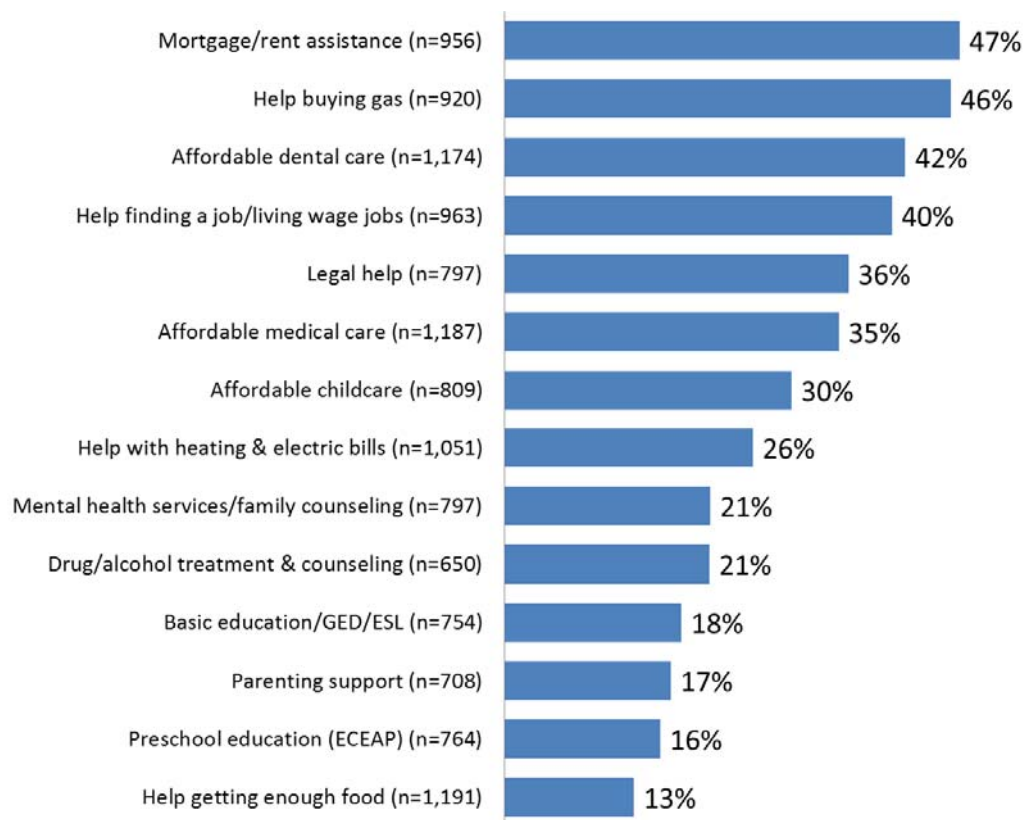
Low-income client survey respondents rated both the *importance* and the *availability* of 14 categories of services in Snohomish County. Respondents rated the importance and availability of services to their own household.

**Importance of services.** More than two-thirds of respondents said that affordable medical care (70%) and affordable dental care (70%) were extremely important to their households at the time of the survey (Figure 3). And more than half rated food assistance (58%), housing assistance (57%), and energy assistance (51%), as extremely important to their households.



**Figure 3** Proportion of respondents who rate services *extremely important* to their households

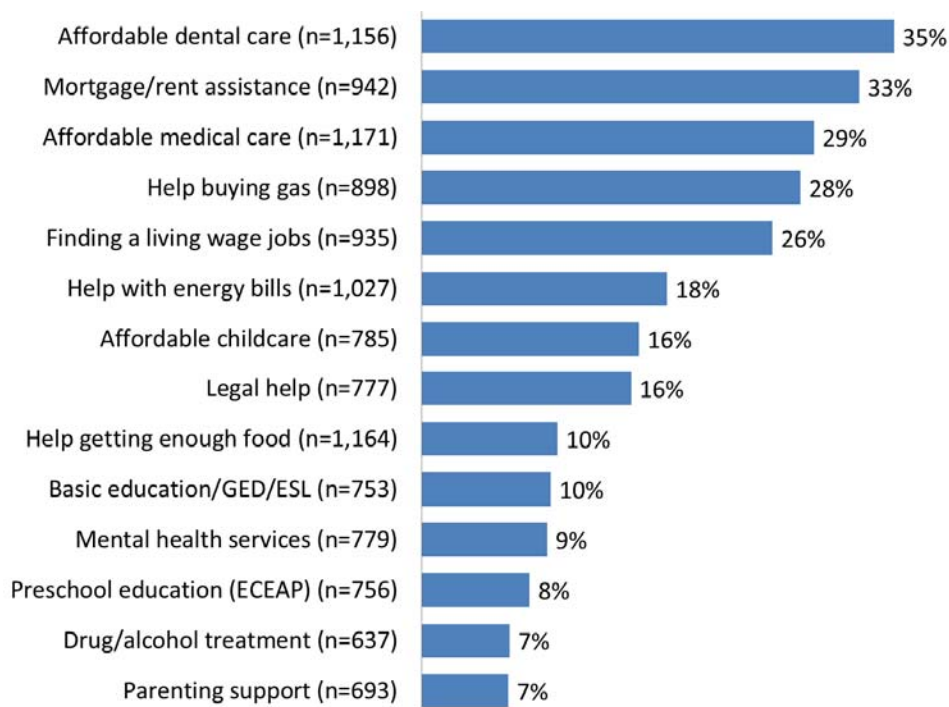
**Availability of services.** Significant proportions of respondents agreed that some services are *very hard to get* in Snohomish County. More than a third reported that housing assistance (47%), help buying gas (46%), affordable dental care (42%), living wage jobs (40%), legal help (36%), and affordable medical care (35%) were very hard to get (Figure 4).



**Figure 4** Proportion of respondents who rate services “*very hard to get*”

**Services gap analysis using importance-availability index.** From an individual’s perspective, if a social or health service is both “extremely important” to their household and “very hard to get”, there is a perceived *extreme service gap* for that particular service. Figure 5 presents the proportion of respondents who perceive an extreme service gap for each of the thirteen services.

About a third of respondents reported that affordable dental care (35%) and housing assistance (33%) are extremely important to their household, yet very hard to get. Approximately one in four respondents saw affordable medical care, help buying gas, and living wage jobs as extremely important but very limited services.



**Figure 5 Percent of respondents who perceive an extreme gap in their community for the listed service**

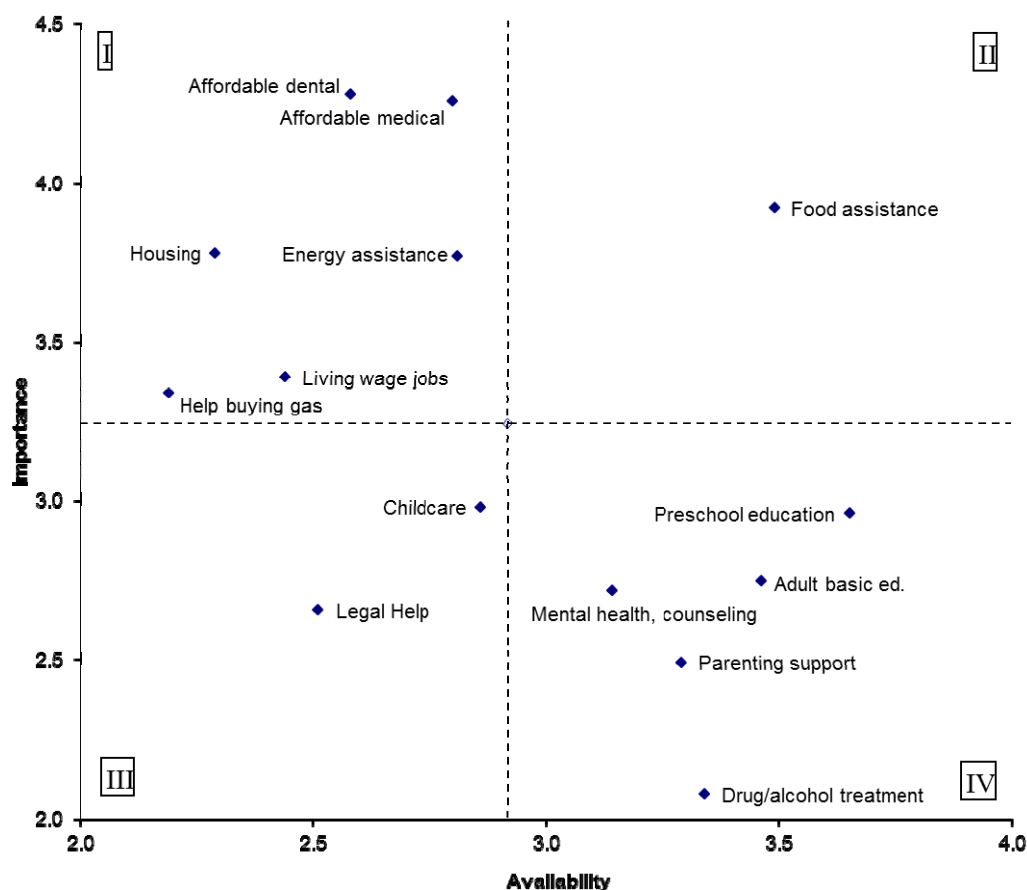
**Services gap analysis using importance-availability coordinate system.** Because respondents rated these services on five-point scales,<sup>5</sup> another way to analyze these data is to calculate the average *importance* and *availability* scores for each service. These data form the basis of an *importance-availability* coordinate rating system (Figure 6). The average importance and availability ratings among clients and providers were calculated and plotted on the graph. The lines making up the “crosshairs” of each graph represent the average importance score and the average availability score for each group of respondents.

The importance-availability charts are divided into quadrants that rate low-income services as follows:

- Quadrant I      Services that rank above average in importance, and below average in availability
- Quadrant II    Above average in importance and availability
- Quadrant III    Below average in importance and availability
- Quadrant IV    Below average in importance, and above average in availability

<sup>5</sup> Importance scale ranged from 1, for “not important” to 5, for “extremely important”; Availability scale ranged from 1, for “very hard to get” to 5, for “very easy to get”

Individuals and organizations planning for future services may want to pay particular attention to the services that appear in the first quadrant (I) of these graphs. These are the services that, on average, are extremely important to low-income households and very hard for them to access. This should not be interpreted to mean that the other services are not worthy of attention. Certainly there are many households in need of these services and there may not be enough resources to satisfy that need. However, the services that appear in quadrant I are those for which the gap between need and supply is the largest, based on average client perceptions.



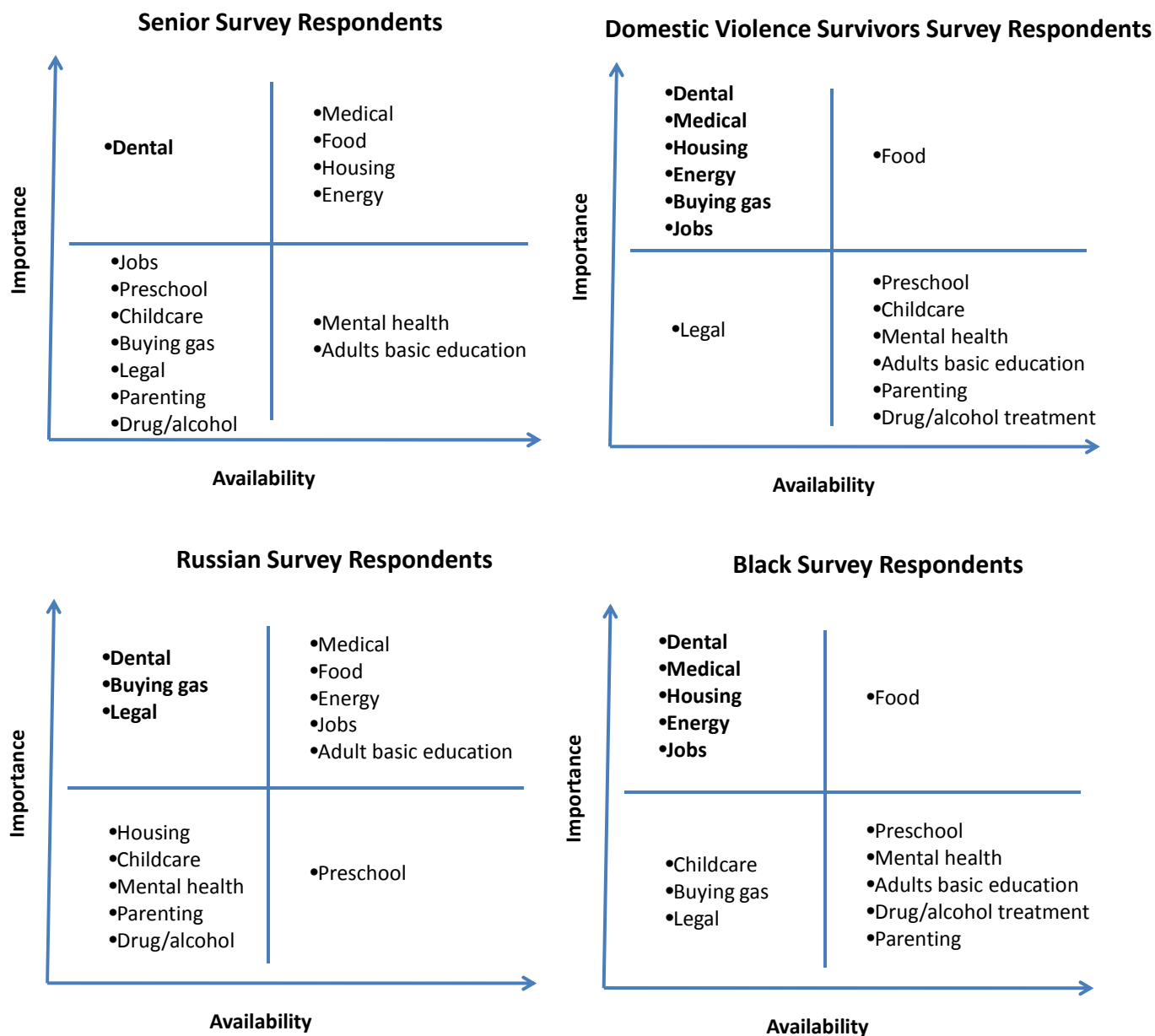
**Figure 6 Respondents' perspectives on low-income services importance and availability**

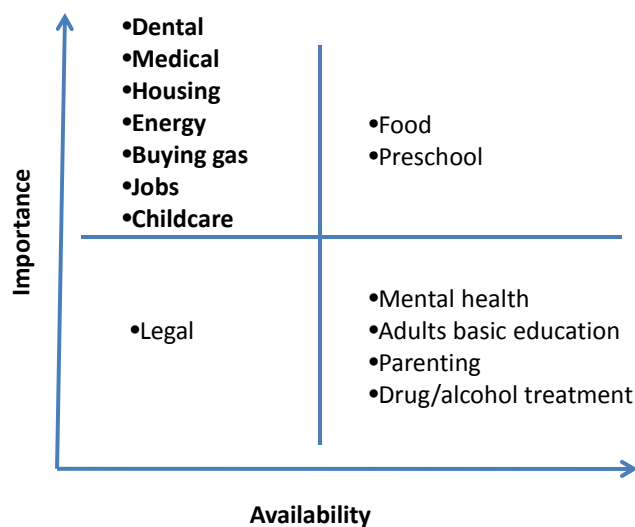
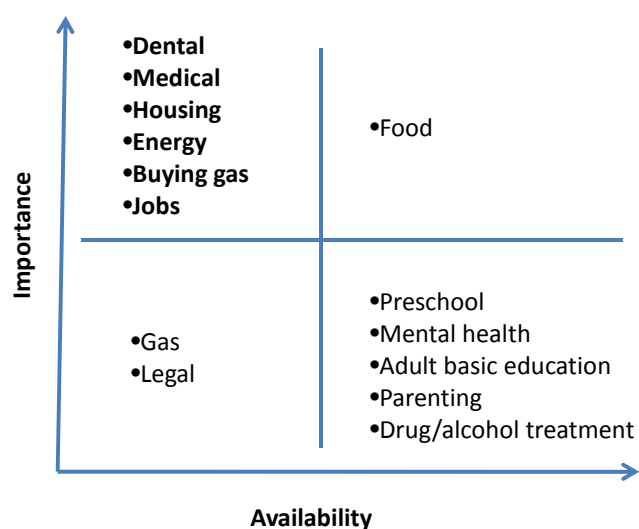
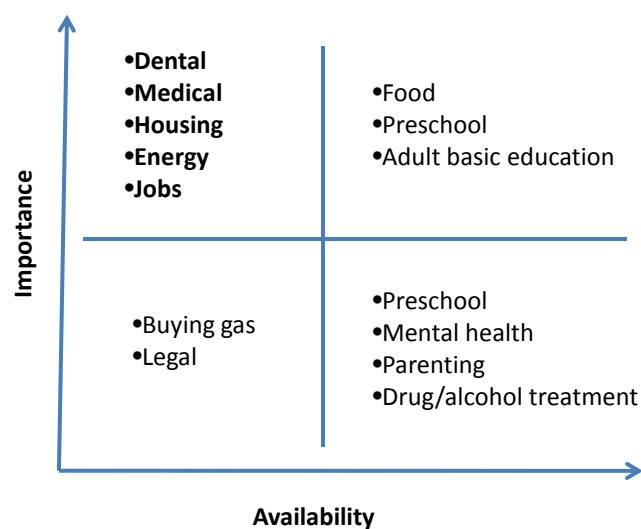
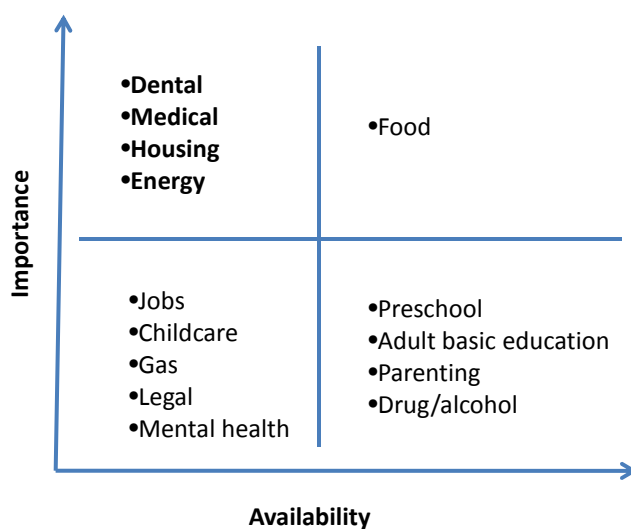
Based on consumer opinion from this assessment, the services that planners would consider a priority for action include: *dental and medical care, housing assistance, energy assistance, living wage jobs, and help buying gas*. These are services that have a high potential to benefit every low-income household, so it should come as no surprise that these rank high in importance across the whole respondent sample. This finding should not diminish the importance of other services that are needed by a smaller percentage of the population (e.g., childcare is only important to households with children).



### Perceived low-income service gaps by demographic subgroups

The figures below show the perceived importance and availability of services by several demographic subgroups. Across all groups, dental services are the most common service gap, and food services are highly important and above average in availability.

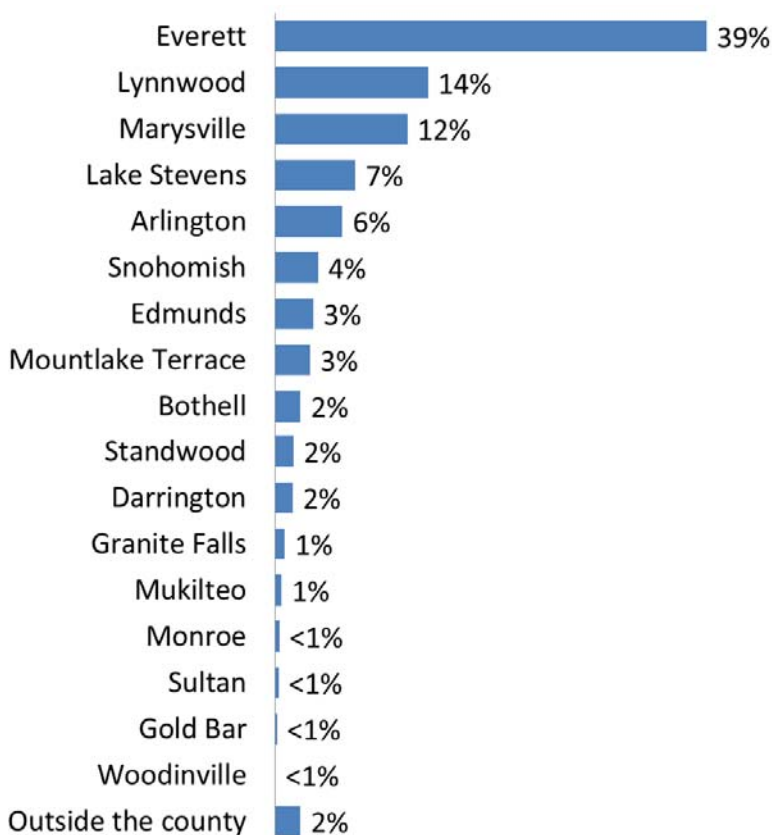


**Hawaiian/Pacifica Islander Survey Responden****Native American Survey Respondents****Latino Survey Respondents****Asian Survey Respondents**

## Respondent Demographics

### *Geographic Distribution of Respondents*

Low-income client respondents are distributed throughout Snohomish County (Figure 7). This study used respondent zip codes to determine their approximate location in the county. Because zip code boundaries do not coincide with incorporated city boundaries, there is no way to accurately determine the proportions that live in cities versus the unincorporated area of the county.

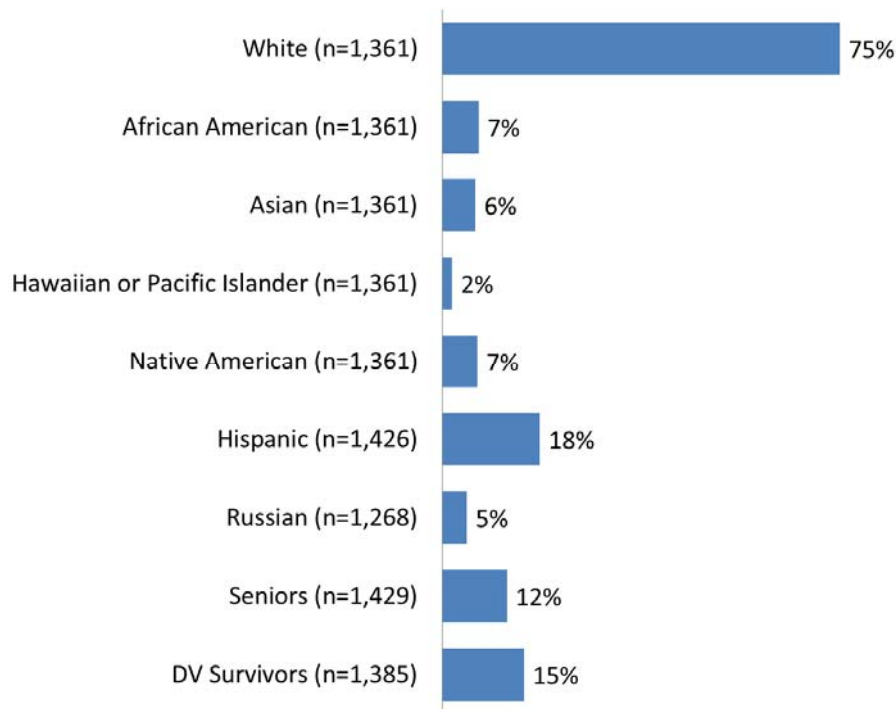


**Figure 7 Geographic distribution of respondents estimated by zip code area (n=1,381)**

### *Demographic characteristics of survey respondents*

Many of the survey results that follow in this report are analyzed by the following racial, ethnic, and demographic subgroups: white; African American/Black; Asian; Hawaiian or other Pacific Islander; American Indian or Alaska Native (Native American); Hispanic/Latino(a); respondents over 65 years old (seniors); Russian-speaking respondents, and respondents who had left a situation due to emotional or physical violence sometime in the past year (DV survivors). Figure 8 shows how these subgroups were distributed in the survey sample. It is important to keep in mind that these are not exclusive groups,

meaning, that an individual respondent may occur in more than one of these groups. For example, a survey respondent may be Hispanic and be a DV survivor, or be a senior who is Native American. These groups were selected to examine how the needs and service gaps are experienced by diverse groups in the Snohomish County community.



**Figure 8 Demographic characteristics of respondents**

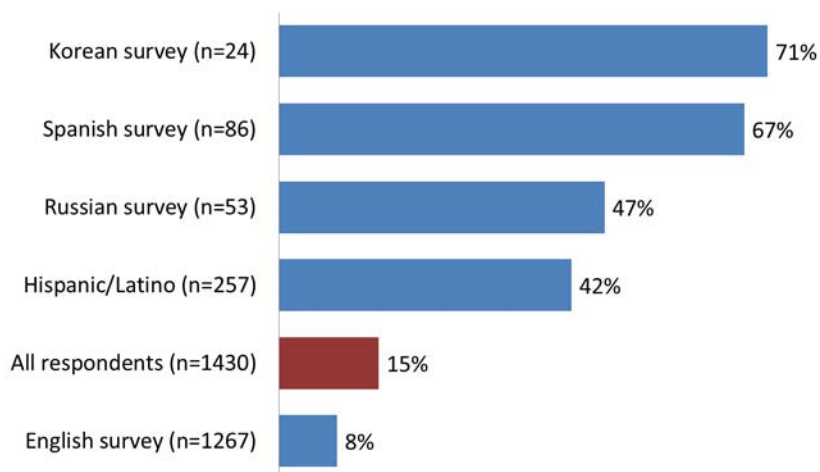
### ***Language***

The survey was available in four different language versions. The majority of surveys collected were in English (88%). Smaller proportions of surveys were collected in Spanish (6%), Russian (4%), and Korean (2%).



**Figure 9 Survey distribution by language (N=1,485)**

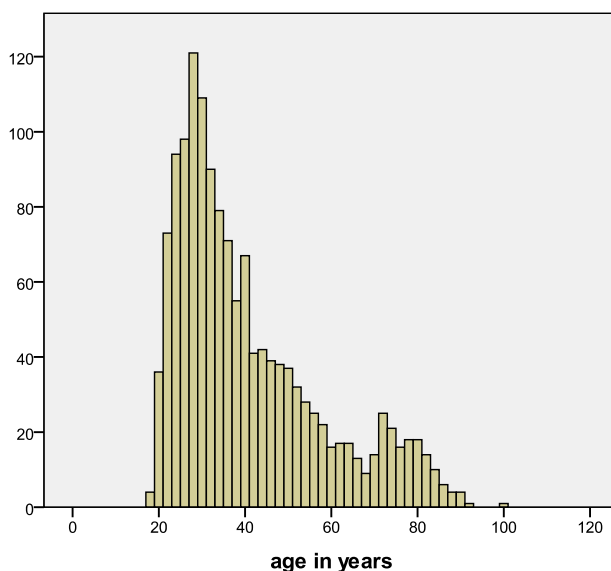
Non-English speakers may have difficulty accessing social and health services in Snohomish County. Overall, 15% of respondents reported difficulty accessing services due to a language barrier (Figure 10). This proportion is significantly higher among respondents who filled out non-English survey versions as well as the Hispanic/Latino sub-population. Respondents to the Korean and Spanish surveys had the highest proportion of respondents reporting language barriers (71% and 67% respectively).



**Figure 10 Language barrier impedes access to services by survey language and ethnicity**

### ***Age and Sex***

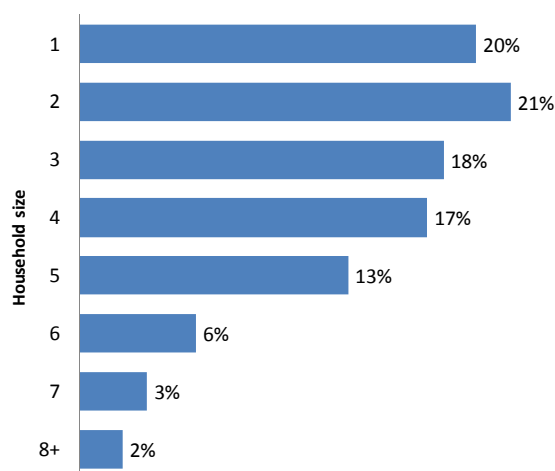
Nearly three quarters of survey respondents were female (73%). Respondents ranged in age from 18 to 99, with a median age of 35 and a mean of 40 years. Respondent age distribution is shown in Figure 11.



**Figure 11 Respondent age distribution (N=1,428)**

### ***Household Composition***

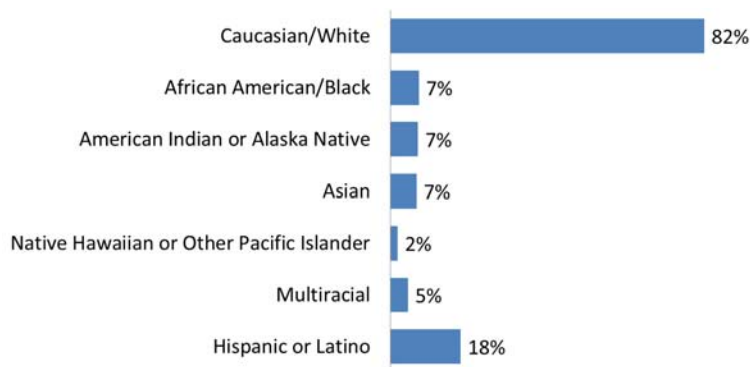
Household size ranged from 1 to 13, with a median of 3 and a mean of 3.24 persons (Figure 12). One in five households (20%) in this study are single-person households. Twenty percent of sample households have at least one senior household member, and 67% have one or more children under 18 years old. Single-parent households comprise forty-two percent of family households, (28% of whole sample).



**Figure 12 Distribution of respondents by household size (n=1,397)**

### ***Race***

The majority of survey respondents are white (82%). Equal proportions of respondents identified as African American/Black, American Indian or Alaska Native, and Asian (7% each). Only 2% of respondents were Native Hawaiian or other Pacific Islander. It is important to note that these racial categories are inclusive, and respondents may identify as more than one race. In fact, 5% of respondents did identify as multiracial. About one in five respondents identified as Hispanic or Latino (18%).

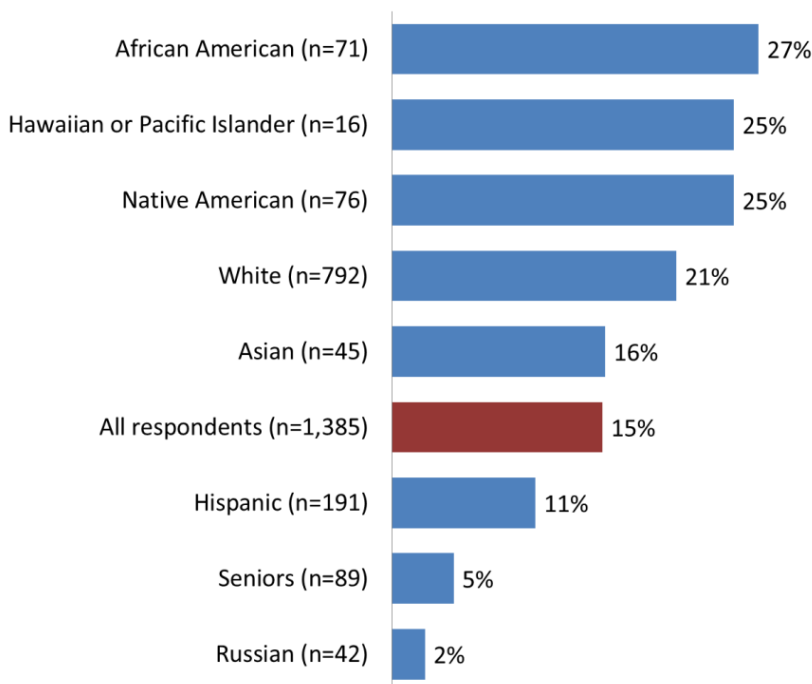


**Figure 13 Respondent Race and Ethnicity (n=1,242)**

### Domestic Violence

*The family where she is staying isn't always stable, and she doesn't always feel safe staying there. There is a 20 year old male living there who has "anger management issues" who "rages and throws things." There is also an active addict living in the house.*  
 --TANF recipient focus group

Domestic violence experiences compound with poverty in complex and often devastating ways. This survey only captures recent domestic violence, showing that 15% of respondents have left a situation due to emotional or physical violence sometime in the past year. African American, Hawaiian or other Pacific Islander, and Native American or Alaska Native racial minorities are all more likely than white respondents to have left an abusive situation in the past year. Hispanic, senior, and Russian respondents are less likely to have left an abusive situation in the past year.



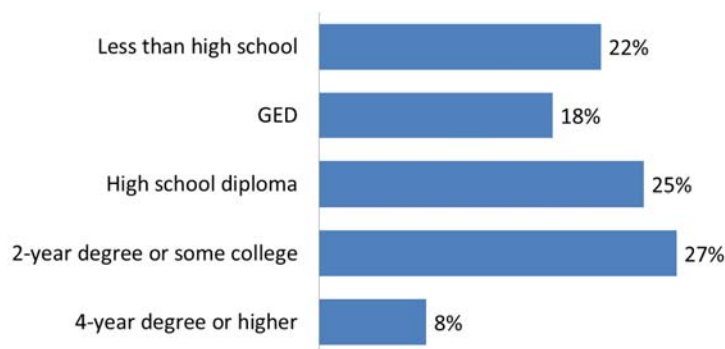
**Figure 14 Respondents who have left an abusive situation in the past year**

This is, undoubtedly, an under-representation of the prevalence of domestic violence, because it does not include respondents that are still in a domestic violence situation, and because of under-reporting due to social stigma and lack of general knowledge about domestic violence. It is also possible that language and other barriers make it more difficult for some sub-population to leave an abusive situation.

## Education

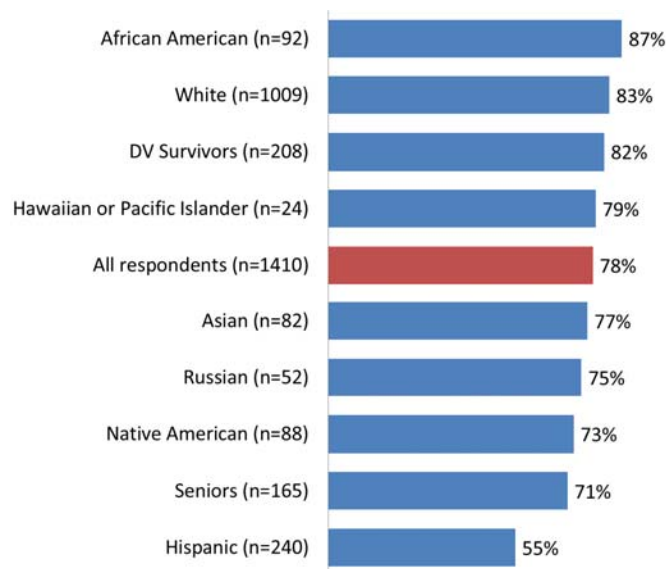
*Childcare is a major challenge. My husband started working and childcare was closed. The little he earns, though enough to close TANF is not enough to pay for childcare. I can therefore not go to school and improve myself even if I want that very much. -- African immigrant focus group*

Most respondents (78%) had at least a high school or equivalent degree (Figure 15).



**Figure 15 Respondent highest level of education (n=1,410)**

This finding varies little for subgroups, with the exception of Hispanic/Latino respondents, whose lower rate of high school diploma or GED (55%) likely reflects language barriers in education or immigrant experiences. As a group, African Americans are the most likely to have at least a GED (87%), followed by whites (83%).



**Figure 16 Percent of respondents with at least a GED**



### Employment and Income

After rent and the utilities are paid, sometimes there is only \$50 left over. -- Latino families focus group

More than half of respondents (58%) reported wages from a job as a source of household income (Figure 17). The next most frequently reported income sources were relatives, friends or partners (36%); Temporary Assistance for Needy Families, referred to as TANF<sup>6</sup> (33%); child support payments (18%); Social Security (16%); unemployment insurance (14%); and SSI (14%). *Please note that some respondents may be receiving income from more than one of the listed sources. For example, 48% of TANF recipients also report household income from wages.*

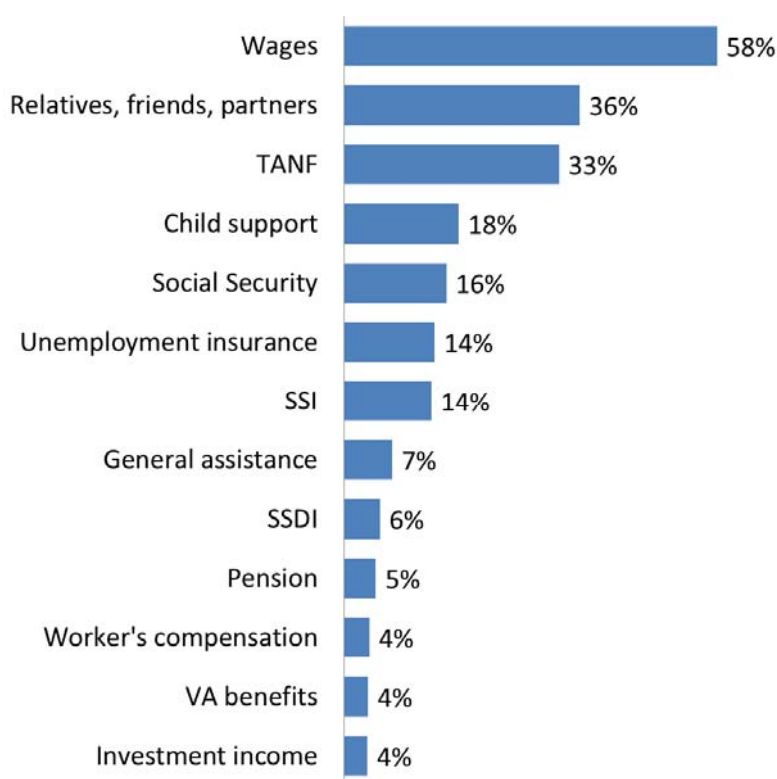


Figure 17 Sources of respondent household income (n=1,375)

<sup>6</sup> The Temporary Assistance for Needy Families (TANF) Program was created by the Welfare Reform Law of 1996. TANF became effective July 1, 1997, and replaced what was then commonly known as public assistance or welfare: Aid to Families with Dependent Children (AFDC) and the Job Opportunities and Basic Skills Training programs.

Compared to the overall client sample, Hispanic/Latino households and Hawaiian/Pacific Islander households are more likely to have income from wages (77% and 68% respectively - Table 2). As to be expected, senior citizens are the least likely to receive income from employment (16%). Domestic violence survivors are the most likely to have received financial help from friends and family in the past year, followed by Native Americans (52% and 48% respectively). These groups, as well as Hispanic/Latino households, are also more likely than others to receive TANF assistance.

**Table 2 Income sources by demographic characteristics**

Income Sources	All (n=1,375)	White (n=977)	African American (n=87)	Asian (n=73)	Hawaiian/ Pacific Islander (n=22)	Native American (n=87)	Hispanic (n=235)	Russian (n=49)	Seniors (n=158)	DV Survivors (n=201)
Wages	58%	54%	62%	53%	68%	62%	77%	49%	16%	51%
Friends/family	36%	39%	28%	25%	27%	48%	33%	6%	10%	52%
TANF	33%	32%	54%	12%	46%	54%	32%	20%	5%	55%
Child support	18%	21%	18%	8%	27%	18%	12%	0%	2%	27%
Social Security	16%	17%	12%	19%	18%	13%	7%	18%	61%	8%
Unemployment ins.	14%	16%	13%	68%	9%	14%	7%	2%	3%	13%
SSI	14%	13%	7%	36%	14%	16%	6%	35%	42%	12%
General assistance	7%	8%	8%	6%	9%	9%	4%	4%	3%	16%
SSDI	6%	6%	7%	10%	0%	3%	1%	2%	4%	5%
Pension	5%	5%	2%	8%	9%	5%	4%	0%	22%	1%
L & I	4%	4%	0%	8%	5%	9%	6%	0%	2%	2%
VA benefits	4%	3%	9%	6%	5%	5%	3%	0%	4%	5%
Investment income	4%	4%	1%	4%	5%	2%	2%	0%	10%	3%

The mean monthly income for the overall sample of respondent households is \$1,214 and the median monthly income is \$972 (Table 3). Monthly household incomes ranged from \$0 to \$5,000 per month.<sup>7</sup> The median monthly income ranged from \$720 for single-person households to \$1,650 for 8+ person households.

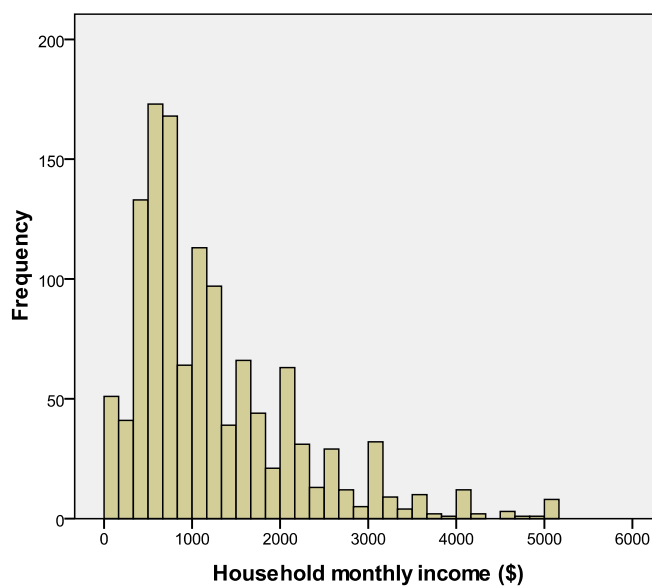
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<sup>7</sup> Survey data analysts examined 15 cases of income in excess of \$5,000 per month and determined that these respondents were reporting annual, not monthly income, or that the respondent had erred in completing the question. Rather than assume which situation prevailed in each case, the analysts chose to classify those respondents' income responses as missing data.

**Table 3 Respondent household income by household size**

Household size	Number of households	Mean monthly income	Median monthly income	Minimum monthly income	Maximum monthly income
1	239	\$ 842	\$ 720	\$ -	\$ 5,000
2	260	\$ 955	\$ 723	\$ -	\$ 5,000
3	219	\$ 1,154	\$ 900	\$ -	\$ 5,000
4	212	\$ 1,465	\$ 1,200	\$ -	\$ 5,000
5	145	\$ 1,728	\$ 1,500	\$ -	\$ 5,000
6	64	\$ 1,639	\$ 1,500	\$ -	\$ 4,000
7	37	\$ 1,570	\$ 1,400	\$ -	\$ 3,500
8+	24	\$ 1,677	\$ 1,650	\$ -	\$ 3,700
Total	1,249	\$ 1,214	\$ 972	\$ -	\$ 5,000

The distribution of monthly household income shows a strong central tendency at one mode near \$700 per month and a long “tail” with very few households having incomes above \$3,000 per month (Figure 18).

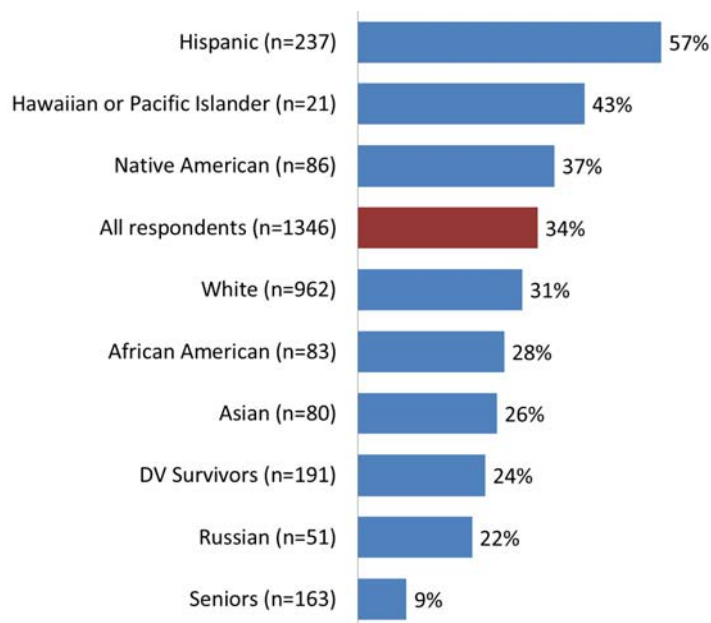
**Figure 18 Distribution of total household incomes (n=1,248)**

Adjusting for family size, the proportion of respondents who report household income at or below the federal poverty level (FPL) is 73% (Table 4); those households at or below 125% of FPL account for 83% of respondent households.

**Table 4 Low-income respondent households by poverty status and household size**

Household size	Number of households	FPL threshold income per month	% of households at or below FPL	Monthly income eligibility limits at 125% FPL	% of households at or below 125% FPL	Number of respondents living at or below FPL	Number of respondents living at or below 125% FPL
1	239	\$ 903	66%	\$ 1,128	79%	158	188
2	260	\$ 1,214	75%	\$ 1,518	82%	194	213
3	219	\$ 1,526	75%	\$ 1,907	85%	165	186
4	212	\$ 1,838	69%	\$ 2,297	82%	147	174
5	145	\$ 2,149	69%	\$ 2,686	81%	100	117
6	64	\$ 2,461	81%	\$ 3,076	89%	52	57
7	37	\$ 2,773	92%	\$ 3,466	97%	34	36
8	24	\$ 3,084	88%	\$ 3,855	100%	21	24
All households	1,200		73%		83%	871	995

Overall, 34% of respondent households have at least one member who is employed full-time (Figure 19). We see here a similar pattern to reported income from wages as shown above, with Hispanic/Latino households the most likely to have at least one full-time employee in their household (57%), and seniors the least (9%).

**Figure 19 Respondents households with one or more full-time employed members**

### ***Elder Economic Security***

There are several alternative standard measures of economic security, which develop indices that are more relevant to specific subgroups and/or more relevant to a geographic region. One such example is the Elder Economic Security Index (EESI). According to the organizations that developed the EESI, "The Elder Index measures the minimum income older adults require to make ends meet, live with dignity and remain in their own homes."<sup>8</sup>

The EESI estimates the costs of housing, food, transportation, health care, and miscellaneous expenses to derive this minimum income threshold. For single seniors, age 65 and older, the median renter income (\$780) is only 42% of the EESI income (\$1,866). For single senior homeowners, the median income from our sample (\$1,488) is just 58% of the EESI for those with mortgage payments (\$2,555), and nearly equal to the EESI for those without a mortgage payment. For senior couples, the results are similar, proportionally.

**Table 5 Snohomish County Elder Economic Security Income and comparison to survey findings and Federal poverty Guidelines**

	Elder person, age 65+			Elder couple, both age 65+		
Monthly expenses/income	Owner (w/o mortgage)*	Renter (n=74)	Owner w/mortgage (n=11)*	Owner (w/o mortgage)*	Renter (n=19)	Owner w/mortgage (n=9)*
Housing (includes utilities, taxes, insurance)	\$ 539	\$ 885	\$ 1,574	\$ 539	\$ 885	\$ 1,574
Food	\$ 232	\$ 232	\$ 232	\$ 425	\$ 425	\$ 425
Transportation	\$ 197	\$ 197	\$ 197	\$ 309	\$ 309	\$ 309
Health care	\$ 299	\$ 299	\$ 299	\$ 598	\$ 598	\$ 598
Miscellaneous	\$ 253	\$ 253	\$ 253	\$ 374	\$ 374	\$ 374
<b>Elder Economic Security Index Income</b>	<b>\$ 1,520</b>	<b>\$ 1,866</b>	<b>\$ 2,555</b>	<b>\$ 2,245</b>	<b>\$ 2,591</b>	<b>\$ 3,280</b>
<b>Federal Poverty Guidelines (DHHS)</b>	<b>\$ 903</b>	<b>\$ 903</b>	<b>\$ 903</b>	<b>\$ 1,214</b>	<b>\$ 1,214</b>	<b>\$ 1,214</b>
<b>Survey respondent median income</b>		<b>\$ 780</b>	<b>\$ 1,488</b>		<b>\$ 1,100</b>	<b>\$ 2,020</b>
*The survey did not determine whether or not respondent homeowners are making mortgage payments; therefore it is likely that the sample includes a mix of seniors who are making mortgage payments and who no longer are making such payments.						

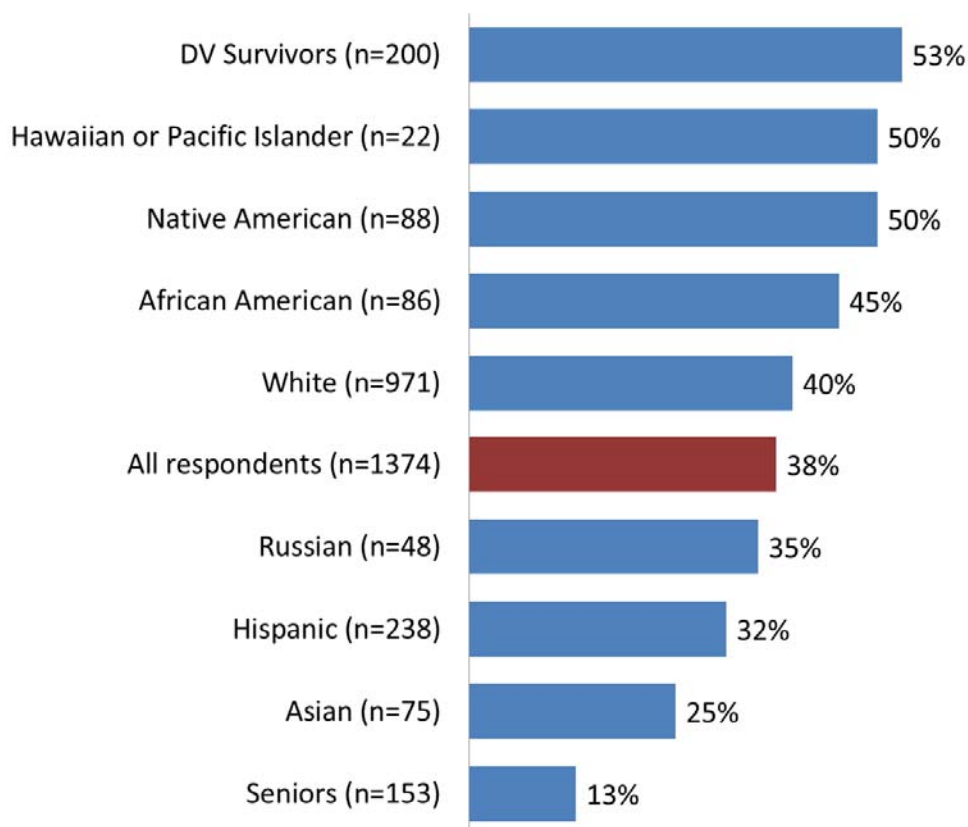
<sup>8</sup> Washington Association of Area Agencies on Aging and Wider Opportunities for Women. See this web site for more complete information about the EESI:

<http://www.wowonline.org/ourprograms/eesi/state-resources/washington.asp>

***Benefit reductions***

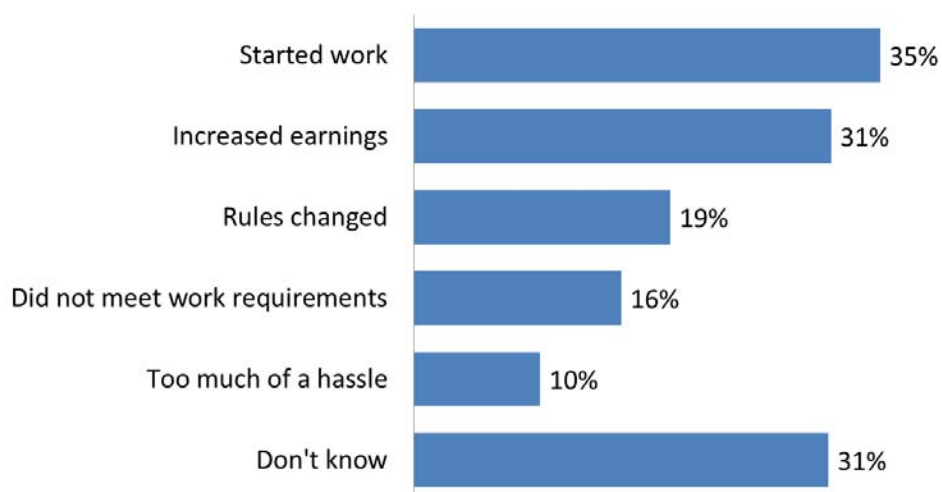
Many households rely on benefit programs such as TANF, SSI, food stamps and other assistance. Respondents were asked to report whether or not they had any of their benefits stopped or reduced in the past year, and, if so, why.

Thirty-eight percent of respondents reported their benefits had been stopped or reduced in the past year (Figure 20). Domestic violence survivors, Hawaiian/Other Pacific Islanders, and Native Americans were the most likely to report a benefits reduction; seniors were the least likely.



**Figure 20** Percent of respondents who reported having benefits stopped or reduced in the past year

When asked why their benefits had been reduced, 31% did not know (Figure 21). This finding highlights the difficulties of navigating complex service systems in order to get basic needs met. Other common responses included: started working (35%); increased earnings (31%); and a change in the benefit program rules (19%).



**Figure 21 Reasons benefits were stopped or reduced (n=462)**

Seniors, domestic violence survivors, and Hawaiian/Pacific Islanders were most likely to report that they did not know why their benefits were stopped or reduced. African Americans, Hispanics, and domestic violence survivors were mostly likely to face challenges meeting the work requirements to maintain benefits.

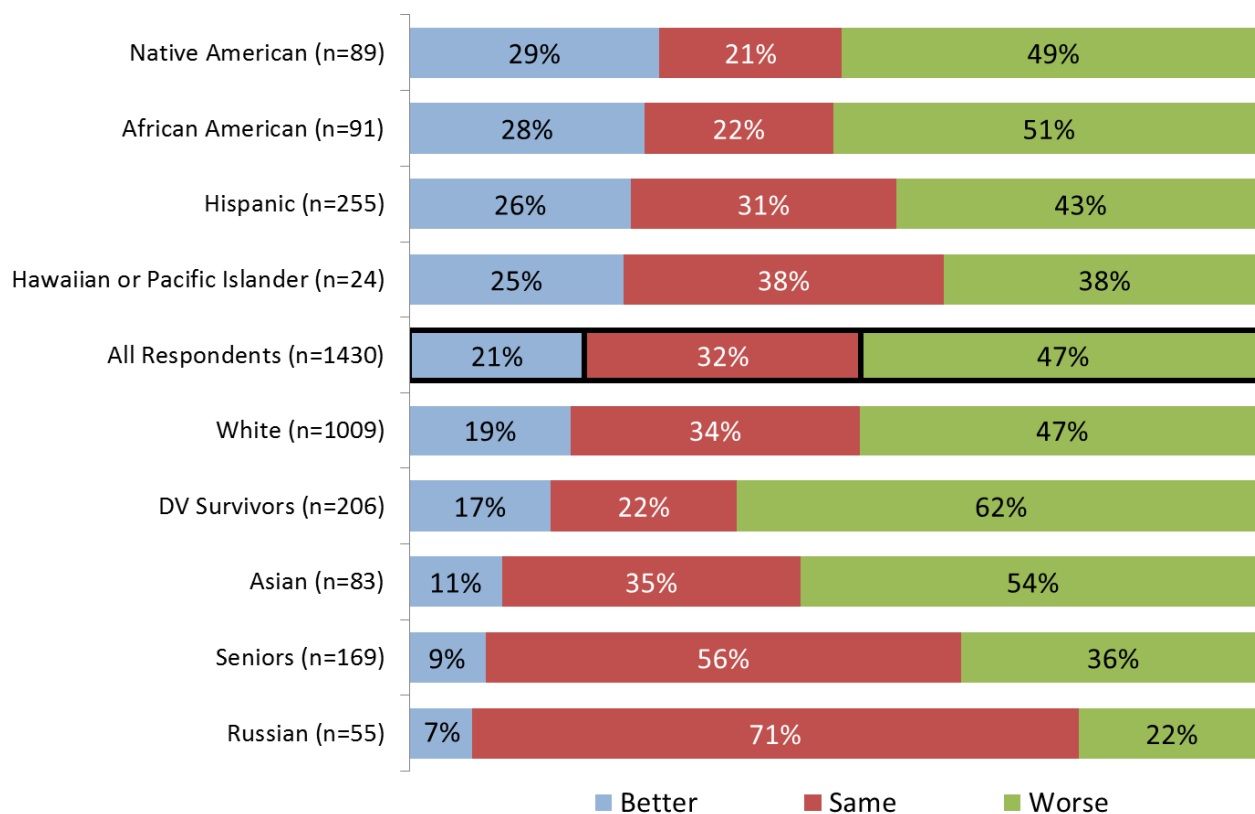
**Table 6 Reasons benefits stopped or reduced by demographic characteristics**

	All (n=462)	White (n=340)	Black (n=37)	Asian (n=16)	Hawaiian/ Pacific Islander (n=10)	Native American (n=41)	Hispanic (n=68)	Russian (n=14)	Seniors (n=15)	DV Survivors (n=85)
Started work	35%	33%	35%	44%	50%	34%	44%	29%	13%	27%
Increased earnings	31%	33%	19%	25%	10%	29%	28%	29%	40%	28%
Rules changed	19%	19%	27%	19%	40%	22%	22%	7%	33%	28%
Did not meet work requirements	16%	13%	30%	19%	20%	17%	24%	7%	7%	25%
Too much of a hassle	10%	9%	16%	6%	10%	12%	15%	0%	0%	14%
Don't know	31%	32%	27%	38%	40%	37%	28%	29%	40%	41%

**Financial situation: overall assessment**

*We have debt only because my husband lost his job and we had to borrow money from family. We are working on paying it back. -- Latino families focus group*

All respondent subgroups were more likely to report that, “compared to a year ago,” their financial situation was *worse* rather than *better* (Figure 22). More than twice as many respondents reported worse financial situations than better (47% compared to 21%). The largest disparities between reporting a *better* versus a *worse* financial situation occurred among domestic violence survivors and Asian households. Compared to other groups, Native American and African American respondents most likely to report that their life was better (29% and 28% compared to 21% of all respondents), though they were also more likely than all respondents to report that situations were worse off.



**Figure 22 Respondents assessment of households' financial situation compared to a year ago**



## Food and Nutrition

*In Snohomish County, primarily in Everett, there is always something to eat. We come to The Salvation Army to the meal programs several times a week; and also go to their food bank and other food banks. Storing food is hard, but one option is to leave the food that I get from the food bank at a friend's house. -- Homeless focus group*

### Hunger

A frequent financial difficulty faced by low-income households is the lack of money to buy food. In this survey, 26% of respondents said that someone in their household had gone hungry for lack of food (Figure 23). Nearly half of domestic violence survivor households had experienced hunger in the past year. The lowest frequency of hunger was observed for seniors (8%), followed by Asian and Russian households (16% and 17% respectively).

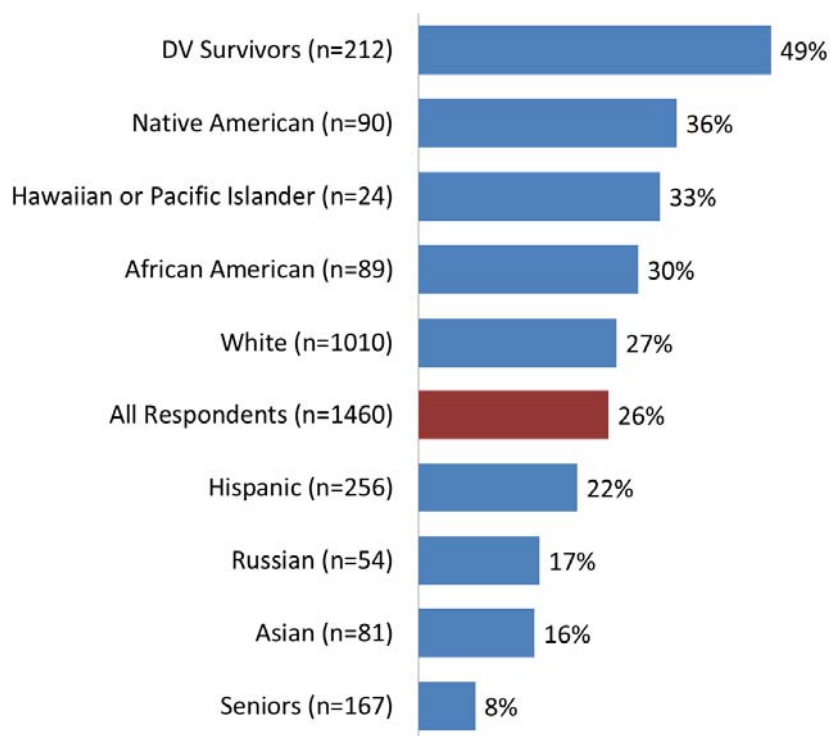
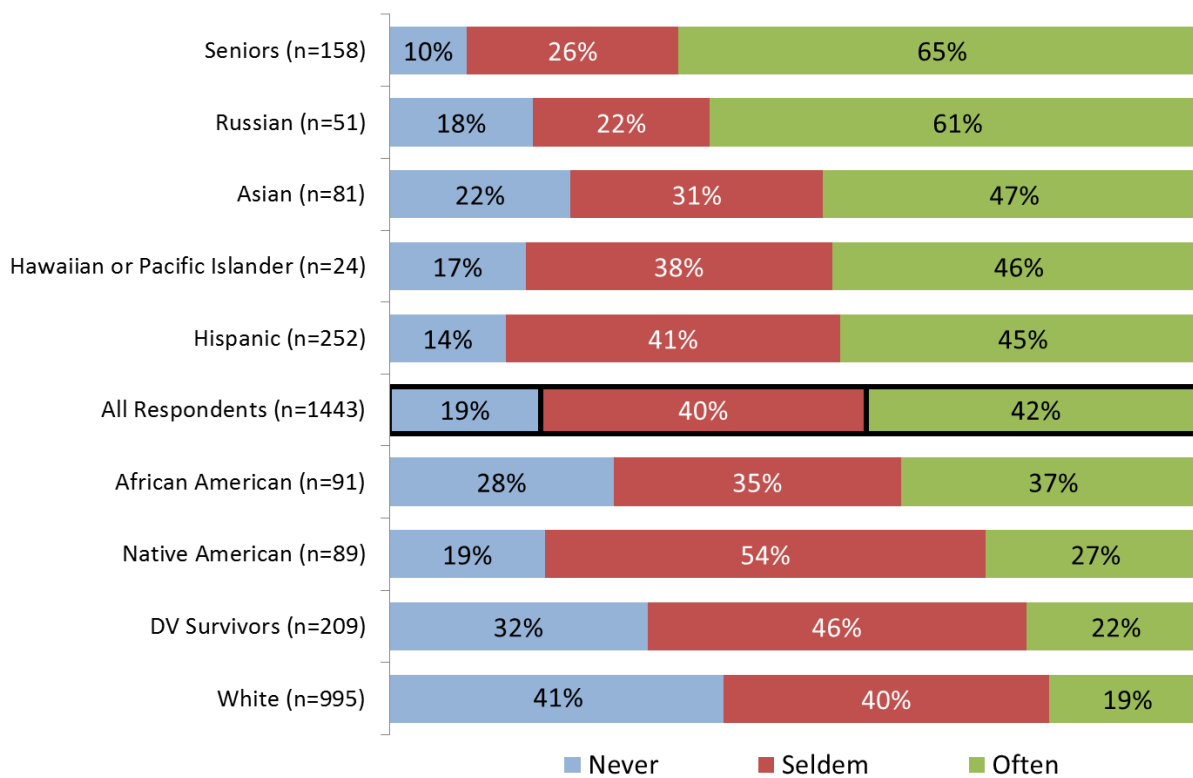


Figure 23 Client or household member has gone hungry because not enough food

### Ability to Prepare Food

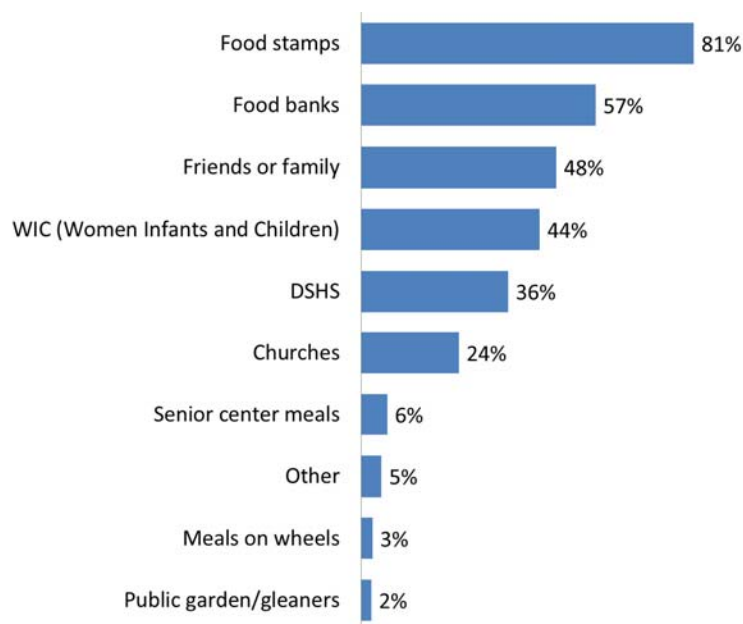
Household food security depends not only on the availability of affordable food staples, but also on the household's ability to prepare food staples for consumption. Respondents were asked how often they

felt concerned about their household's ability to prepare food (Figure 24). Overall, 42% of respondents said they are often concerned about their household's ability to prepare food; 40% said they are seldom concerned, and only 19% were never concerned. The most likely subgroups to say they are often concerned were seniors (65%) and Russian-speaking respondents (61%). White respondents were the least likely report that they often feel concerned about their households' ability to prepare food (19%).



**Figure 24** How often respondent is concerned about household's ability to prepare food

Lower income households rely on a wide variety of programs to obtain affordable food staples and meals (Figure 25). Many respondents received help from government programs such as food stamps (81%), Women Infants and Children (44%), or other help from DSHS (36%). More than half (57%) received help from food banks in the past year. Many households received help from friends or family (48%) or churches (24%).



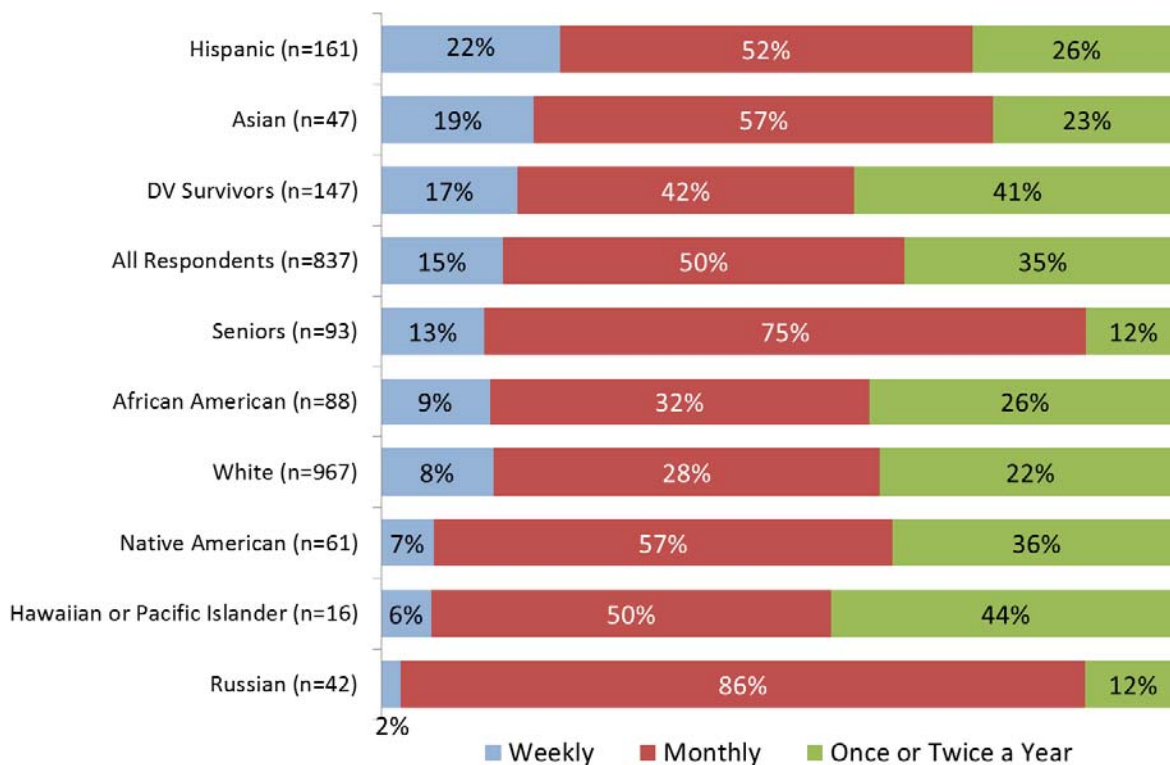
**Figure 25 Food assistance services used in the past year (n=1,357)**

Though senior center meals were not used by the majority of respondents, they are important resources for certain sub-populations, such as Asians (20%), Russians (39%), and of course, seniors (39%). These populations were also less likely to receive help from friends or family when compared to all respondents.

**Table 7 Food assistance services used by demographic characteristics**

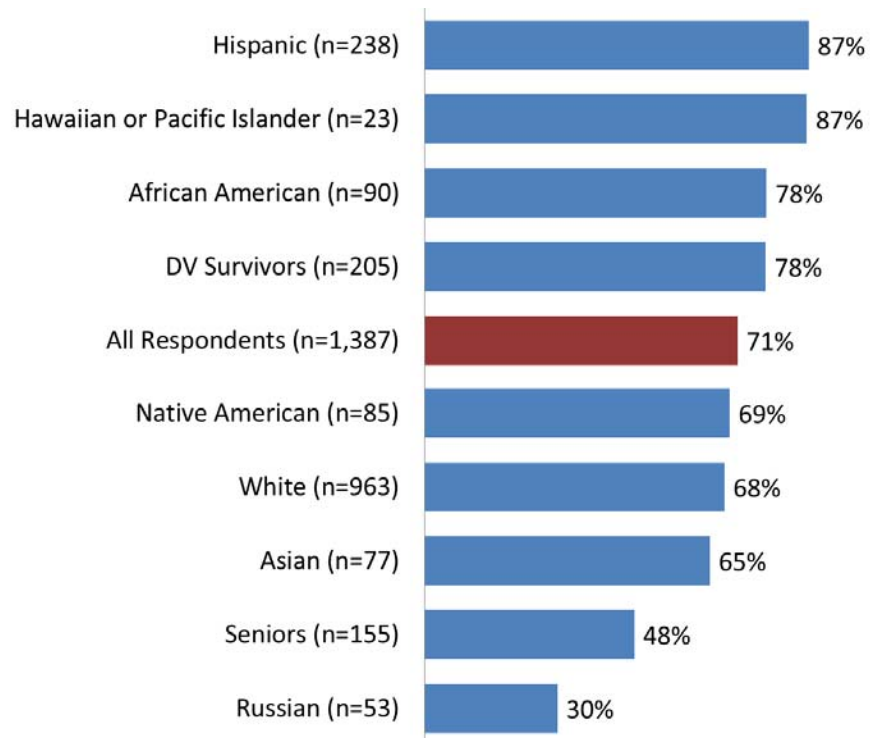
	All (n=1,357)	White (n=945)	Black (n=83)	Asian (n=75)	Hawaiian/ Pacific Islander (n=23)	Native American (n=87)	Hispanic (n=240)	Russian (n=52)	Seniors (n=150)	DV Survivors (n=209)
Food stamps	81%	83%	87%	88%	91%	85%	68%	94%	75%	94%
Food banks	57%	56%	61%	55%	74%	66%	59%	75%	56%	64%
Friends/ family	48%	51%	54%	31%	52%	60%	35%	14%	26%	67%
WIC	44%	30%	40%	25%	35%	36%	62%	10%	3%	36%
DSHS	36%	36%	41%	25%	57%	45%	38%	42%	23%	45%
Churches	24%	23%	24%	31%	44%	29%	20%	44%	25%	34%
Senior center	6%	6%	6%	20%	4%	6%	2%	39%	39%	3%
Other	5%	6%	6%	8%	9%	3%	2%	10%	10%	9%
Meals on wheels	3%	3%	2%	1%	0%	2%	1%	4%	11%	2%
Public gardens	2%	3%	2%	3%	4%	5%	2%	0%	3%	5%

Respondents who had used food banks in the past year were also asked about their frequency of food bank use. Though Hispanic respondents were less likely overall to use food banks (68% compared to 81% of all respondents) those that use food banks are the most likely subgroup to receive this help on a weekly basis (22%). Asian respondents and domestic violence survivors are both likely to use food banks and likely to use them frequently. Seniors and Russian-speaking food bank users are least likely to use food banks only once or twice per year.



**Figure 26 Frequency of Food Bank Use by Sub-group**

Finally, respondents were asked if they would use a public garden if it were available (Figure 27). Hispanic and Hawaiian/Pacific Islander respondents were the most likely to say that they would use a public garden (87% each). Senior and Russian respondents were the least likely (48% and 30% respectively).



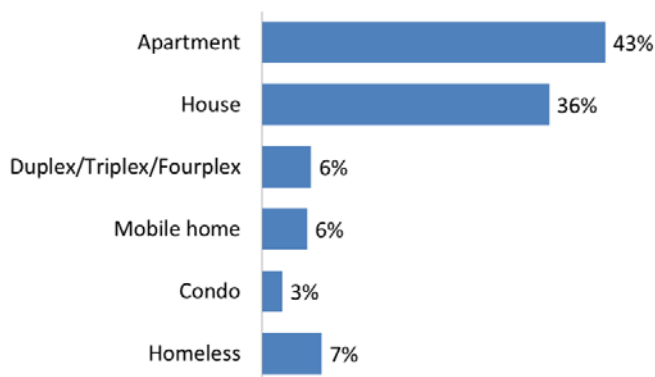
**Figure 27 Proportion of Respondents Who Would Use a Public Garden**

## Housing and Energy

*I have a small family and can't afford a place for myself and my 2 kids. We live with my brother-in-law and his 2 children and also my teenage brother. Very many people in one apartment. – African immigrant focus group*

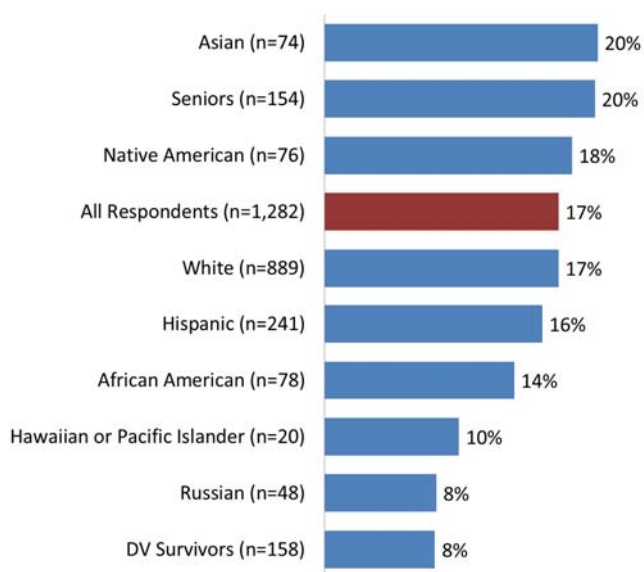
### Type of housing

Most respondents either lived in an apartment (43%) or a house (36%). Seven percent of respondents were homeless at the time of the survey.



**Figure 28 Type of housing (n=1,416)**

Seventeen percent of all respondents owned their own home. Asian, senior, and Native American respondents were most likely to report home-ownership.



**Figure 29 Proportion of home-owners by demographic group**

### Housing assistance

*People who are homeless need to be provided shelter, it is essential to progress. If the government would provide affordable housing for us, then we could try to get jobs. It's hard getting anything if you do not have an address. -- Homeless focus group*

Respondents reported receiving a variety of housing and shelter services in the past year. Recent use of emergency shelters, transitional housing programs, and Section 8 rental assistance vouchers varies considerably between demographic subgroups (Figure 30). African Americans (26%) and domestic violence survivors (33%) most frequently reported using emergency shelters recently. These two groups as well as Hawaiian/Pacific Islanders also most frequently reported using transitional housing. While emergency and transitional shelter serve homeless people, rent assistance (typically short-term subsidy) and Section 8 vouchers (long-term subsidies) help low-income households afford to live in their own homes. Rent assistance was most commonly reported by Hawaiian/Pacific Islanders (44%), domestic violence survivors (36%), and African Americans (34%). Section 8 housing assistance is most common among Russian-speaking (34%) and Hawaiian/Pacific Islander (31%) subgroups.

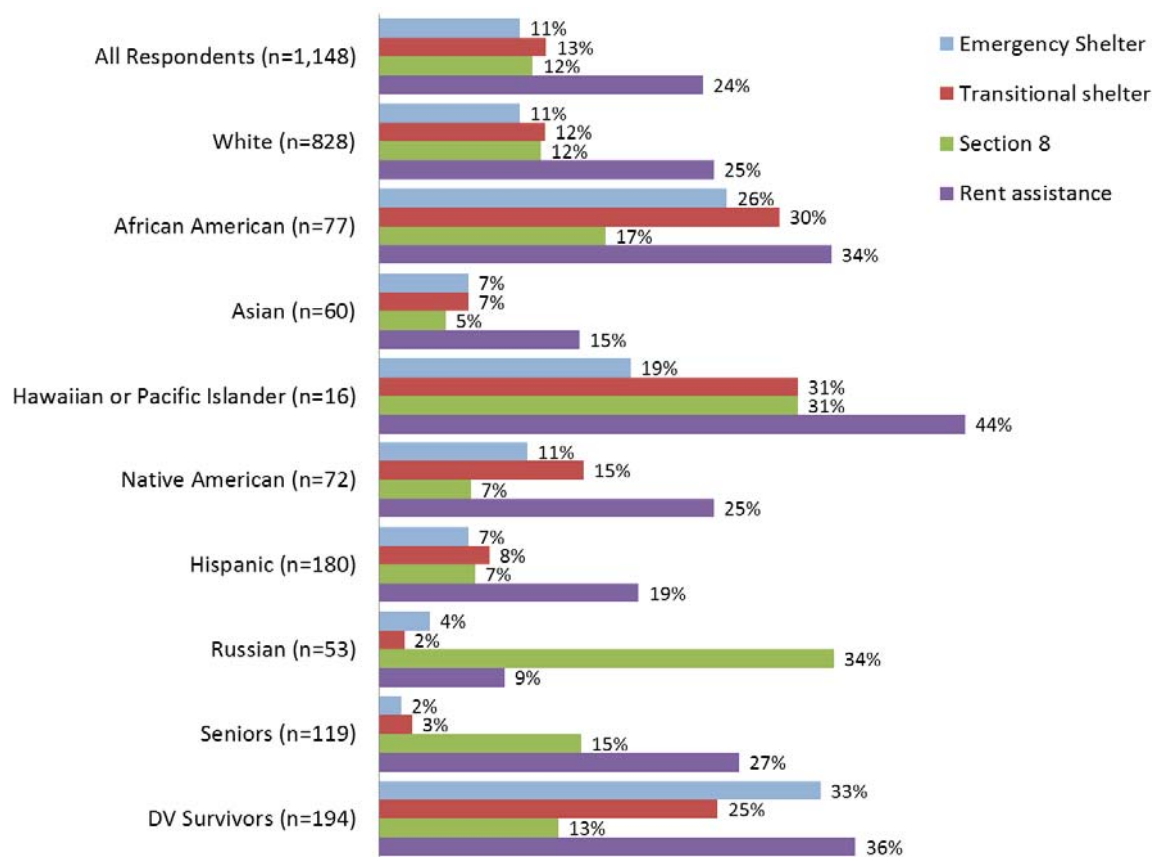
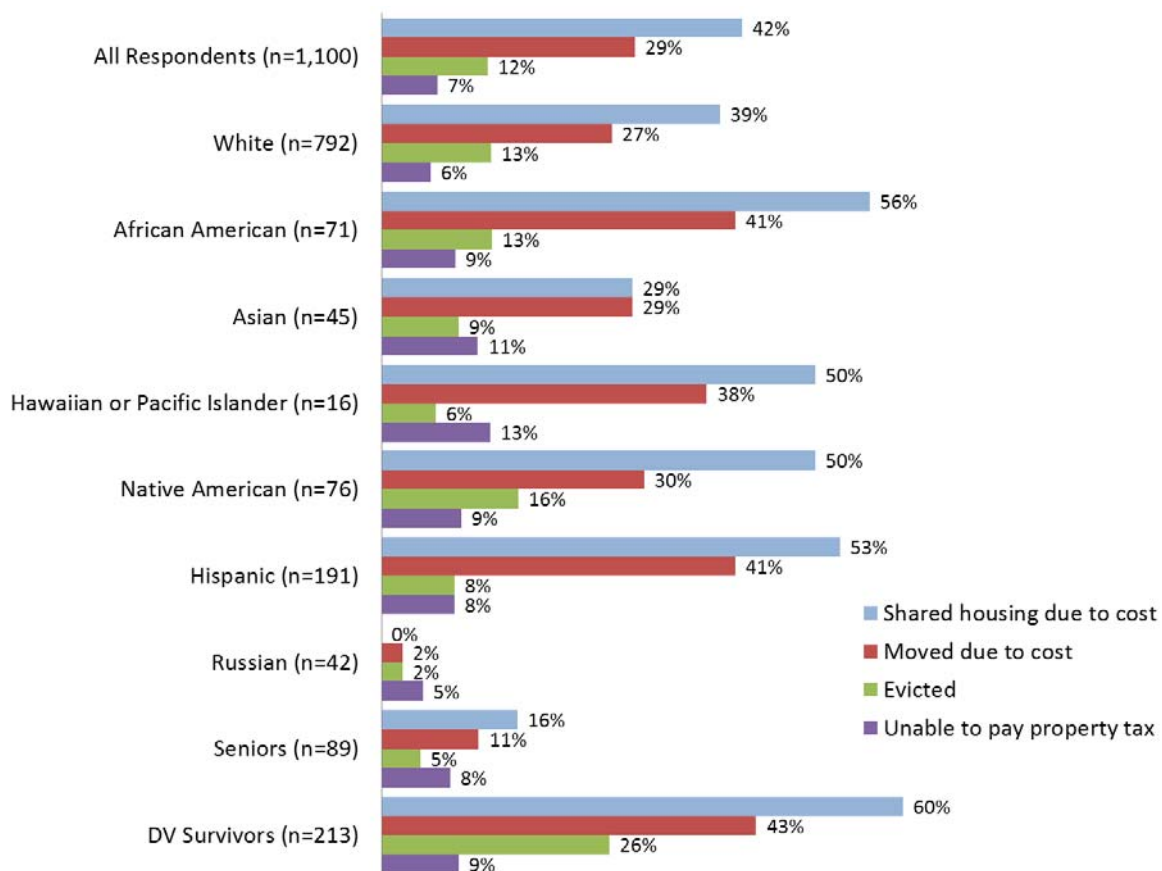


Figure 30 Percent of respondent households that received housing assistance in the past year

### Housing cost situations

*Participant and her younger child live with her elderly parents. She lost her housing when she had a mental breakdown and was hospitalized. She reports that her 18 year old son is on the streets because he is not allowed to live with her parents. -- TANF recipient focus group*

The high cost of housing may force some households to share housing with other households or to move to less expensive housing. In extreme cases, households may be evicted because they cannot afford to pay rent. Forty-two percent of all respondents report having to share housing due to cost, 29% have had to move due to cost, 12% were evicted from their home, and 7% were unable to pay their property taxes in the past year (Figure 31). All of these situations are most common among domestic violence survivors and racial/ethnic minorities. Russian-speaking respondents and seniors are the least likely to report these negative housing experiences.



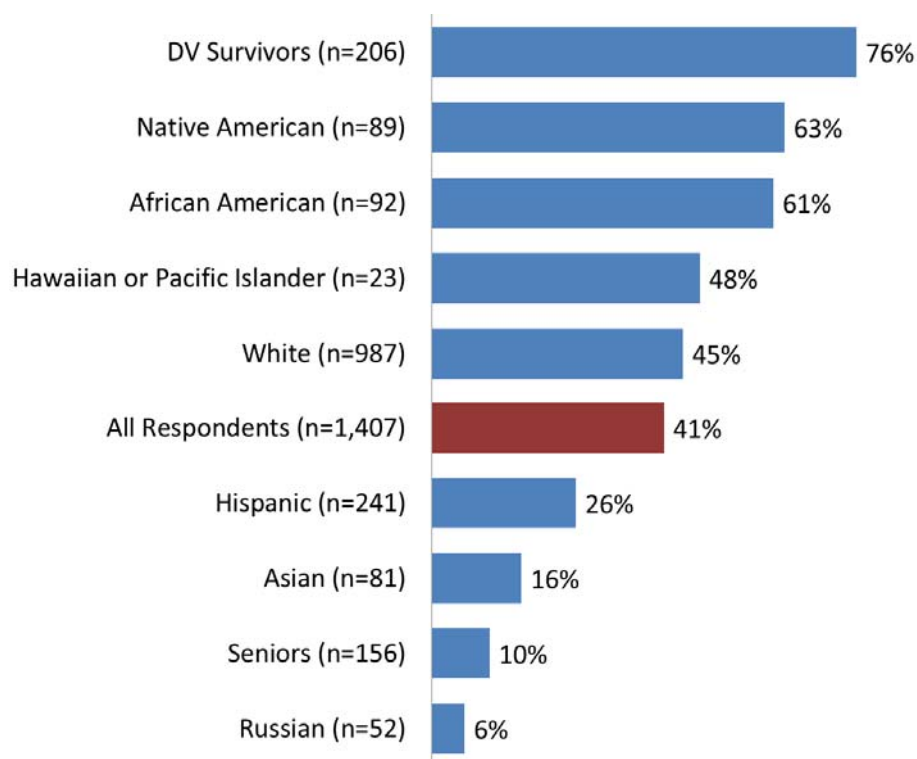
**Figure 31** Percent of respondent households that share housing, moved due to cost, or were evicted in past year



### Homelessness

*Participant reports she and her two sons are living with her elderly parents after leaving her physically abusive husband. Her eldest son's autism creates significant strain on the living situation with her father. -- TANF recipient focus group*

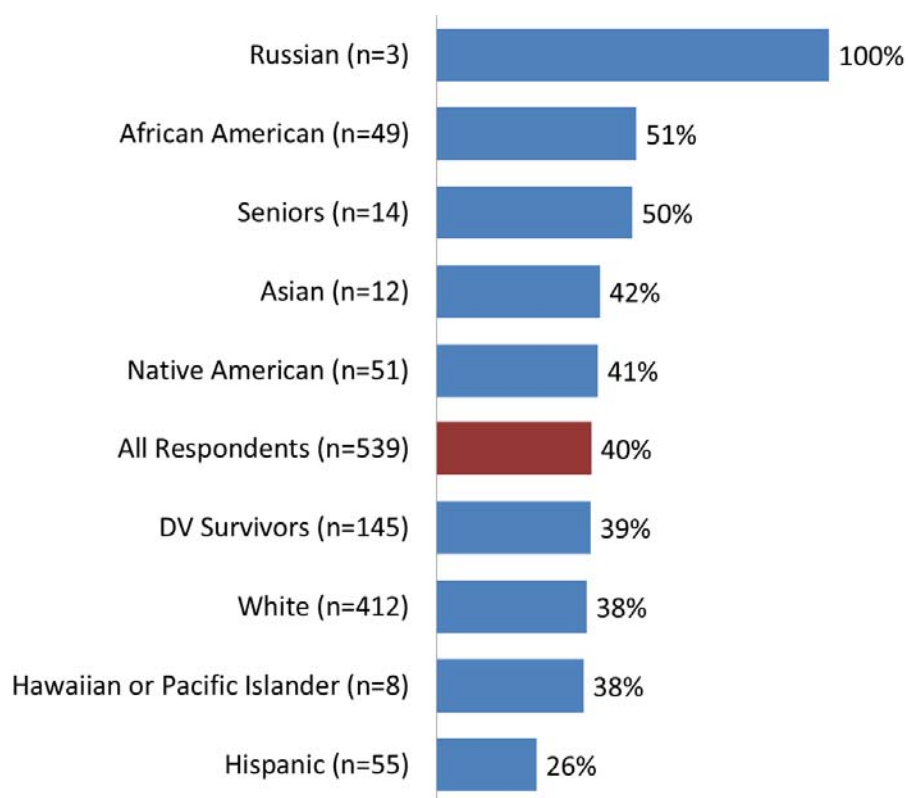
In addition to their current housing situation, respondents were also asked if they had ever been homeless. Forty-one percent of all respondents have experienced homelessness. Three quarters of domestic violence survivors have experienced homelessness (76%). Native Americans and African Americans also had higher than average rates of homelessness (63% and 61% respectively).



**Figure 32 Percent of respondents with history of homelessness**

Of the 553 respondents who reported having been homeless, 36% had been homeless for one year or longer. Six percent reported having been homeless four or more times within the past three years. These are important indicators, because chronically homelessness status is determined, in part, by meeting one of these characteristics. Chronic homelessness, as defined by the U.S. Department of Housing and Urban

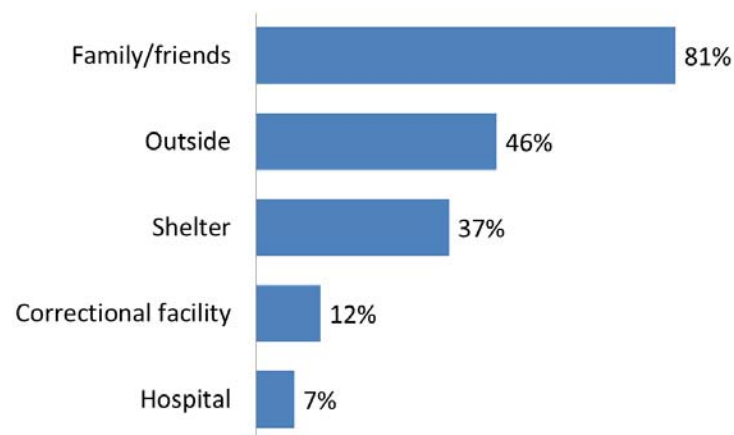
Development (HUD) is an eligibility requirement for many HUD-funded housing programs.<sup>9</sup> Figure 33 shows, out of the respondents who have been homeless, those who meet either one of these conditions. Though domestic violence survivors are the most likely to have experienced homelessness, their episodes of homelessness are not as long in duration or as frequent compared to other sub-groups. Since so few Russian-speaking survey respondents reported a homeless experience, the high rate of chronic homelessness among these few respondents should not be overemphasized. African Americans, however, have both high rates of homelessness and those that are homeless are more likely to have long duration or frequent episodes.



**Figure 33 Percent of homeless respondents who have *either* been homeless four or more times in the past three years, or have been continuously homeless for one year or more**

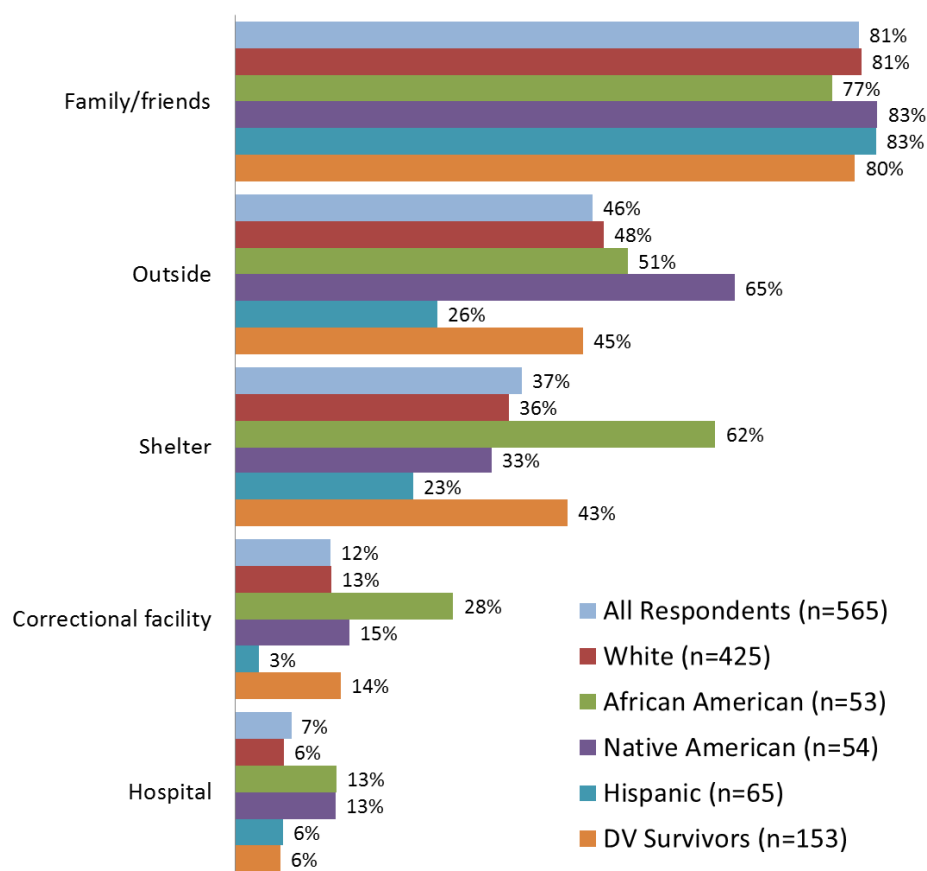
<sup>9</sup> Disability status, where someone is staying, and household composition are also components of chronically homeless status.

Those who experienced homelessness were also asked where they stayed when they were homeless. Respondents were able to select multiple answer choices, to represent all the places they stayed while they were homeless. The most common place to stay was with friends or family (81%), which is often the least traumatizing for a family facing a housing crisis. The next most common place to stay is outside (46%). More than a third of those who had experienced homelessness had stayed in a shelter at least part of the time they were homeless (37%). Not only did these households have shelter during their housing crisis, they most likely had access to meals, hygiene supplies, and other support services. Small proportions of respondents stayed in correctional institutions or hospitals while they were homeless.



**Figure 34 Places were respondents stayed while they were homeless (n=565)**

Due to small numbers of respondents, not all sub-groups are shown in Figure 35. At a glance, we see that Native Americans are more likely than other groups to stay outside (65% compared to 46% of all homeless respondents). African American respondents, followed by domestic violence survivors, are more likely than others to have stayed in shelters while homeless (62% and 43% respectively). African American respondents are twice as likely as white respondents to have stayed in a correctional facility during their homelessness (28% compared to 13%).

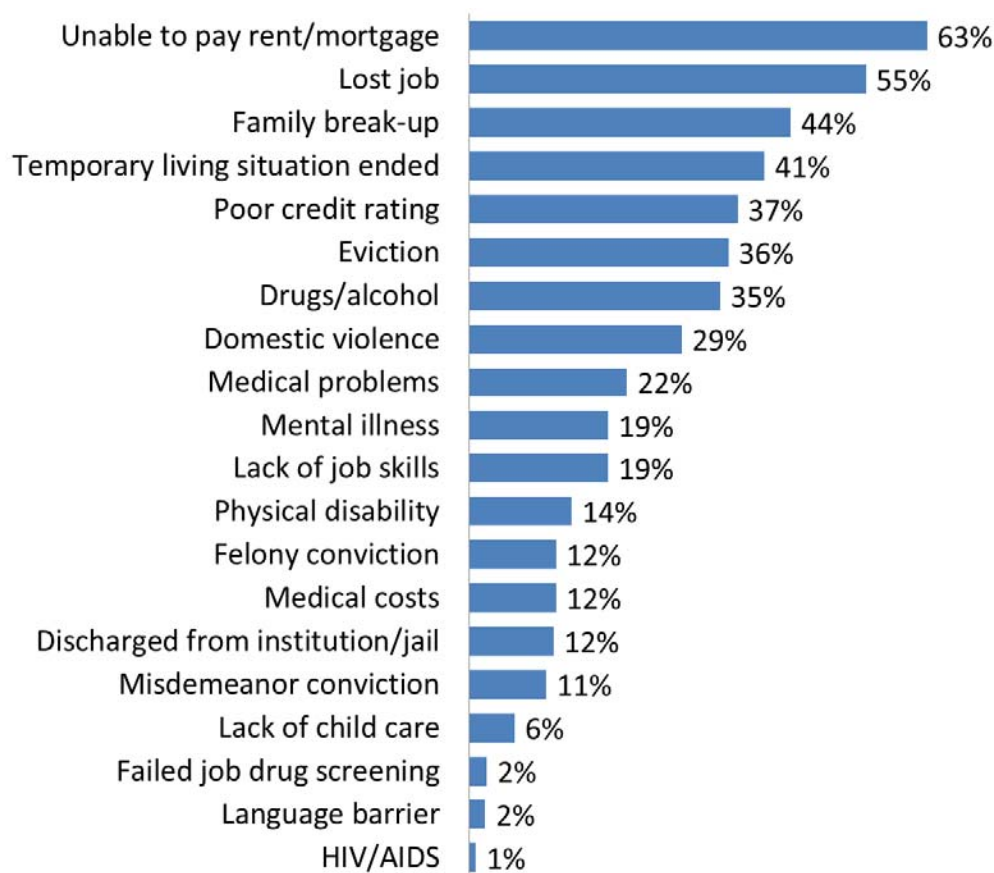


**Figure 35 Places where respondents stayed while homeless - key sub-groups**

*Participant is six months pregnant and staying temporarily on a relative's couch, after couch surfing since August 2009. She has applied for a housing voucher, and reached out repeatedly to Housing Hope, with no response.*

*-TANF recipient focus group*

Respondents were also asked to report all of the situations that caused their homelessness. Overall, the two most common causes of homelessness were economic: not being able to pay rent or mortgage (63%) and job loss (55%). Family break-ups (44%) and a temporary living situation coming to an end (41%) were also major contributors to homelessness.



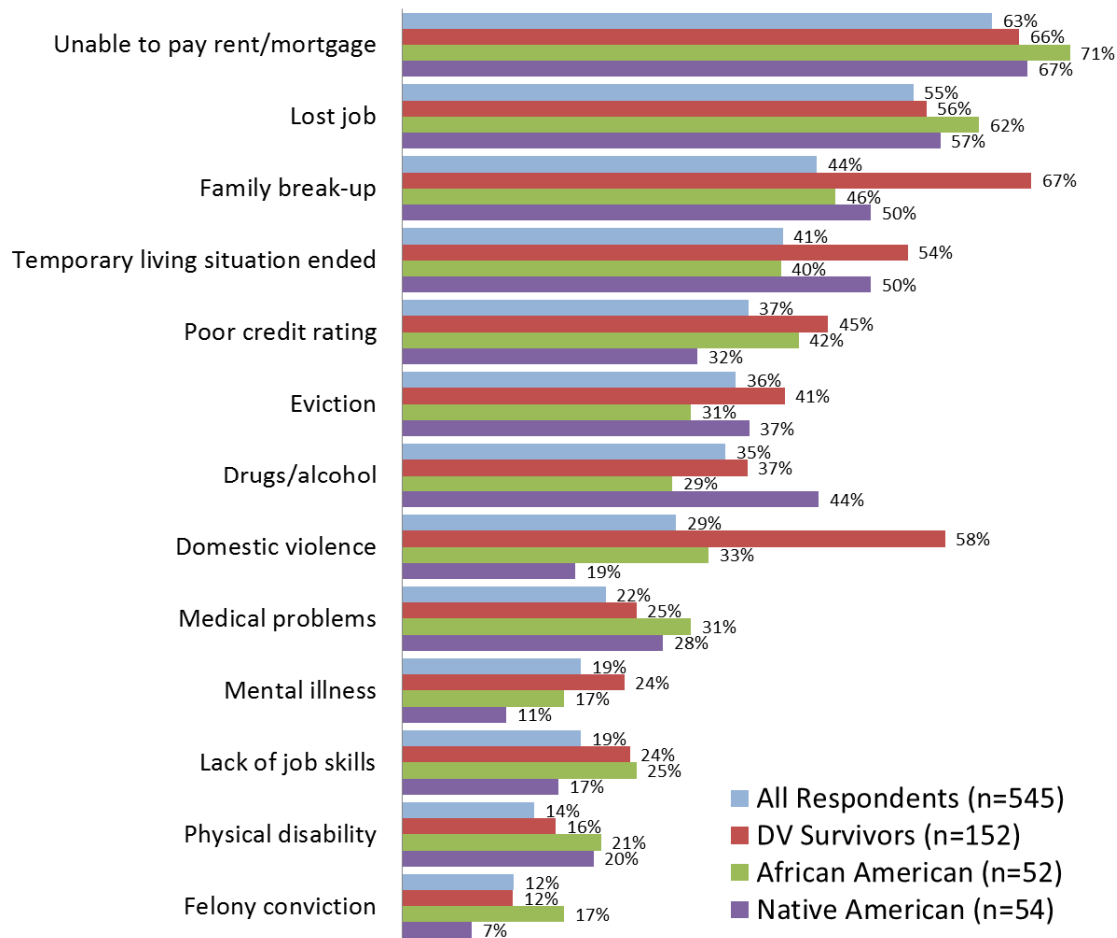
**Figure 36 Situations that caused homelessness (n=545)**

*I slept behind the building because I have no place to go. The mission is full and has a long waiting list. Last time it took me two weeks to get into the mission.*

*-Homeless focus group participant*

Figure 37 shows the causes of homelessness for a few key sub-groups to highlight major differences.<sup>10</sup> African American respondents were more likely than others to report inability to pay rent, job loss, medical problems, and felony charges as reasons for their homelessness. Domestic violence survivors were more likely to cite family break-up and the end of a temporary living situation. Native American respondents were the group most likely to report drugs and alcohol as contributing to their homelessness.

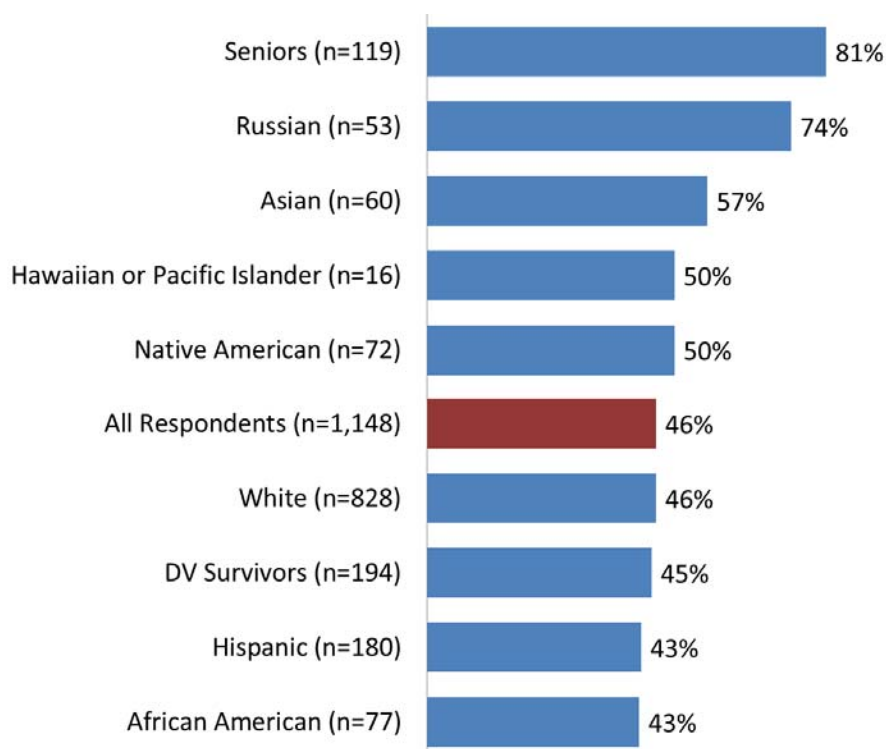
<sup>10</sup> Russian speakers, seniors, Asian and Hawaiian/Pacific Islander sub-groups were excluded from the chart due to the small number of respondents. The causes of homelessness reported by white and Hispanic respondents were analyzed, but do not vary substantially from the responses of all respondents.



**Figure 37 Situations that caused homelessness - key groups**

**Energy assistance**

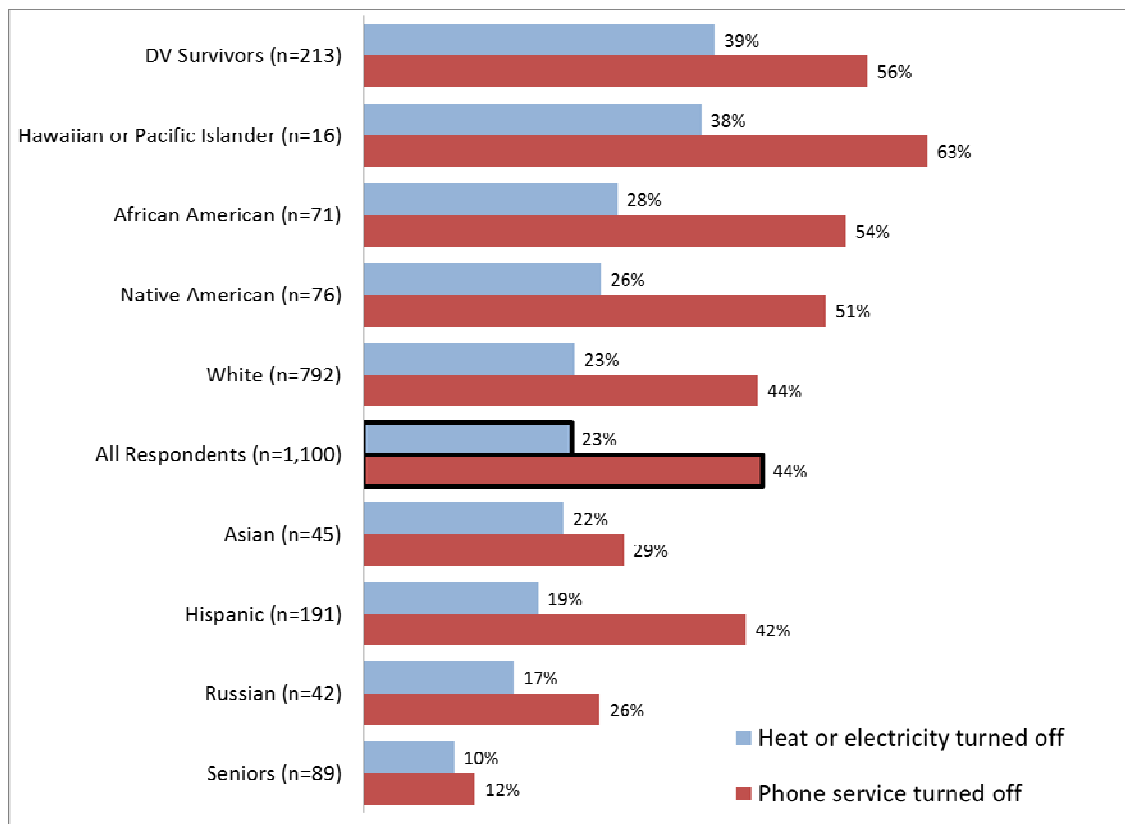
Nearly half of all respondents (46%) and most subgroups received energy assistance in the past year (Figure 38). Larger proportions of the Russian-speaking and senior subgroups received energy assistance (81% and 74% respectively).<sup>11</sup> Hispanic and African American respondents were the least likely to receive energy assistance.



**Figure 38** Percent of respondent households that received energy assistance in the past year

About one in five (23%) respondents have had their heat or electricity turned off in the past year and 44% report having their phone turned off (Figure 39). Utility shut-offs are most common among domestic violence survivor and Hawaiian/Pacific Islander households, and least common among Russian-speaking and senior respondent households.

<sup>11</sup> This anomaly calls for some follow-up with data collection managers to determine whether all or most of the Russian version questionnaires were collected at the energy assistance office in Everett. That may explain this result.



**Figure 39** Percent of respondent households that have experienced a utility shut-off in the past year

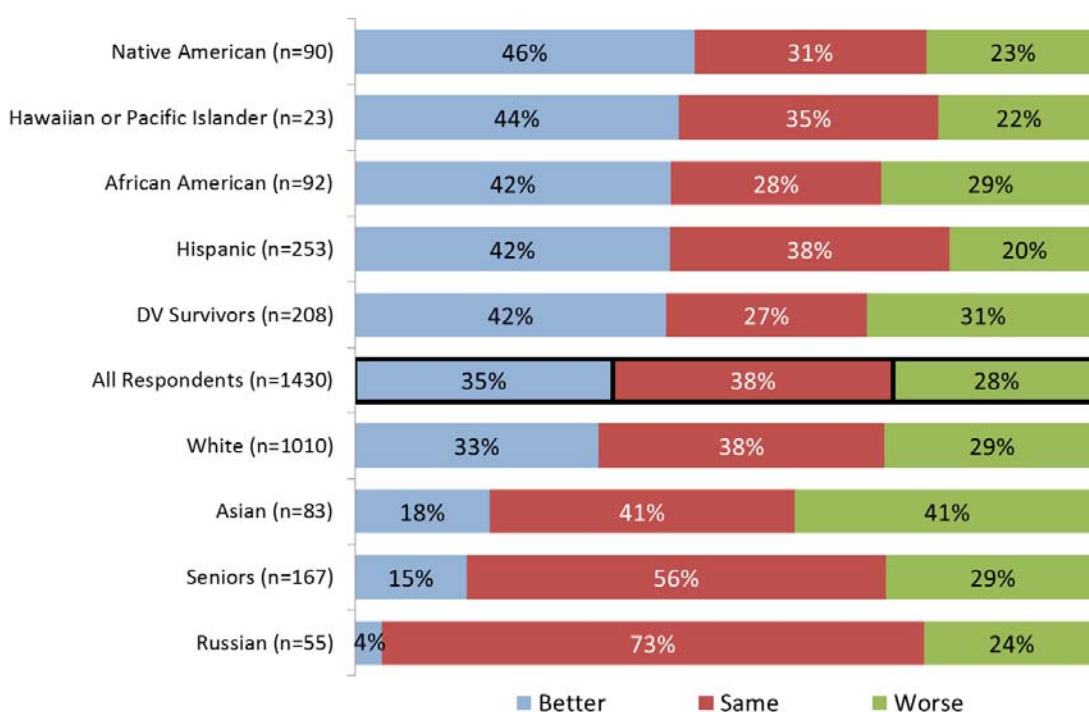


## Health and Healthcare

*I found out from the Dentist that regular care is no longer covered, also sometimes now when I get a prescription, they ask me to pay. I never used to pay before. – African immigrant focus group*

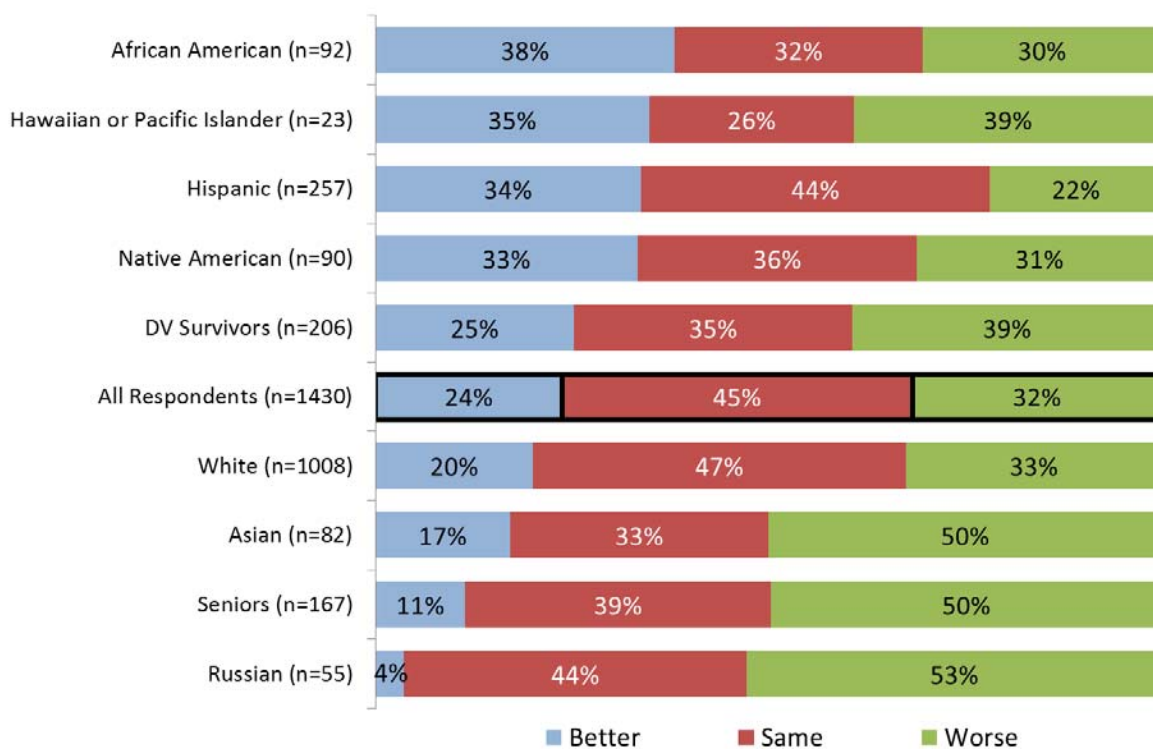
### General health and welfare

Overall, a twenty-eight percent of respondents said that their lives are worse now than a year ago (Figure 40). Asian respondents were most likely to say that their lives had gotten worse in the past year (41%) and Native Americans were the most likely to say their lives had improved. (41%)



**Figure 40** Respondents' assessment of their lives, generally, compared to a year ago

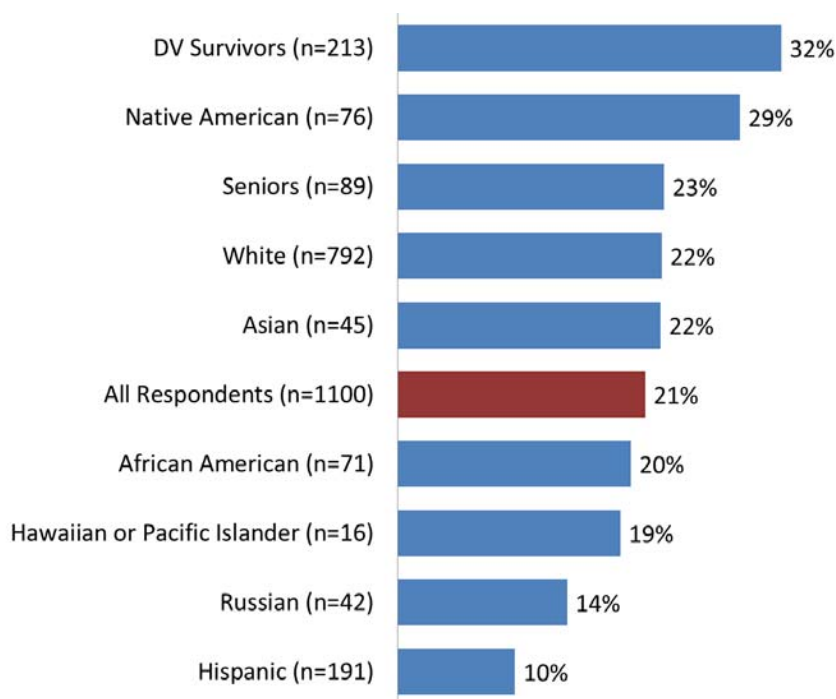
When asked to assess their health compared to a year ago, respondents were more likely to say their health is worse as opposed to better (32% and 24% respectively). Half of Asian, Russian-speaking, and senior respondents rated rate their health as worse than last year (Figure 41).



**Figure 41 Respondents' assessment of their health compared to a year ago**

*A mother of two young children is preparing for gall bladder removal, after two months of pain, appointments, and repeated calls to the state by her doctor, advocating on her behalf for approval of the surgery. She has no family support and is concerned about how she will care for the children after the operation. -TANF recipient focus group*

About one in five respondents say that someone in their household suffered an illness in the last year that left them unable to work or care for their children (Figure 42). This experience was most common among domestic violence survivor households and Native American households and least common among Russia-speaking and Hispanic respondent households.



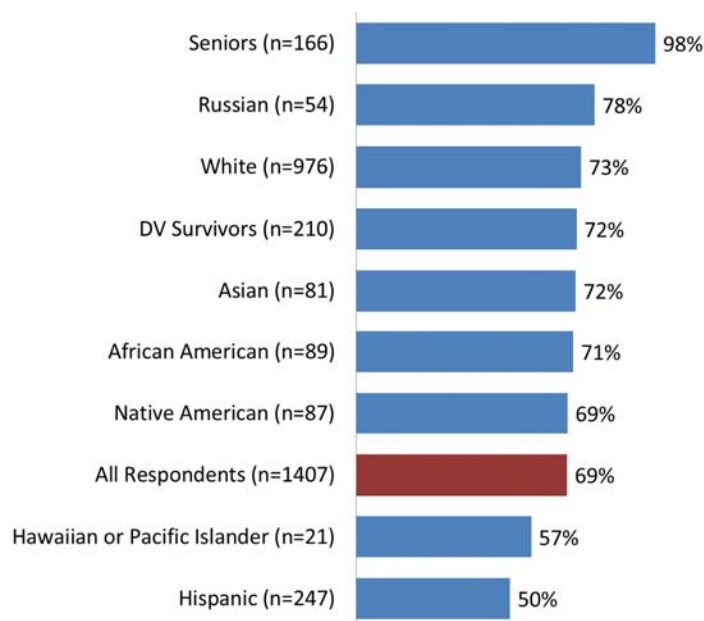
**Figure 42 Percent of respondents with someone in their household who experienced an illness in the last year that left them unable to work or care for their children**

### Health Insurance

*Each time I am sick I go to the emergency room because I do not have medical insurance. I have been to the emergency room several times this year. -- Homeless focus group participant*

Research shows that having health insurance leads to improved health and longer lives. The uninsured are less likely to have a regular source of care than the insured, and they are more likely to postpone or forgo needed care. According to the US Census Bureau, in 2009, 87.8% of Snohomish County's civilian, noninstitutional population had either public or private health insurance.

Only about two-thirds (69%) of survey respondents are covered by a health insurance plan such as Medicaid, Medicare, Basic Health, or private insurance plan (Figure 43). Seniors, who have access to Medicare, are much more likely to have health insurance coverage (98%). Coverage is least common among Hispanic and Hawaiian/Pacific Islander households (50% and 57%).



**Figure 43 Percent of respondents covered by a health insurance plan**

### ***Access to Dental and Medical Care***

*Participant reported that she has a tooth with an infection, and can't get anything done because adult dental services have been eliminated by the state. -TANF recipient focus group*

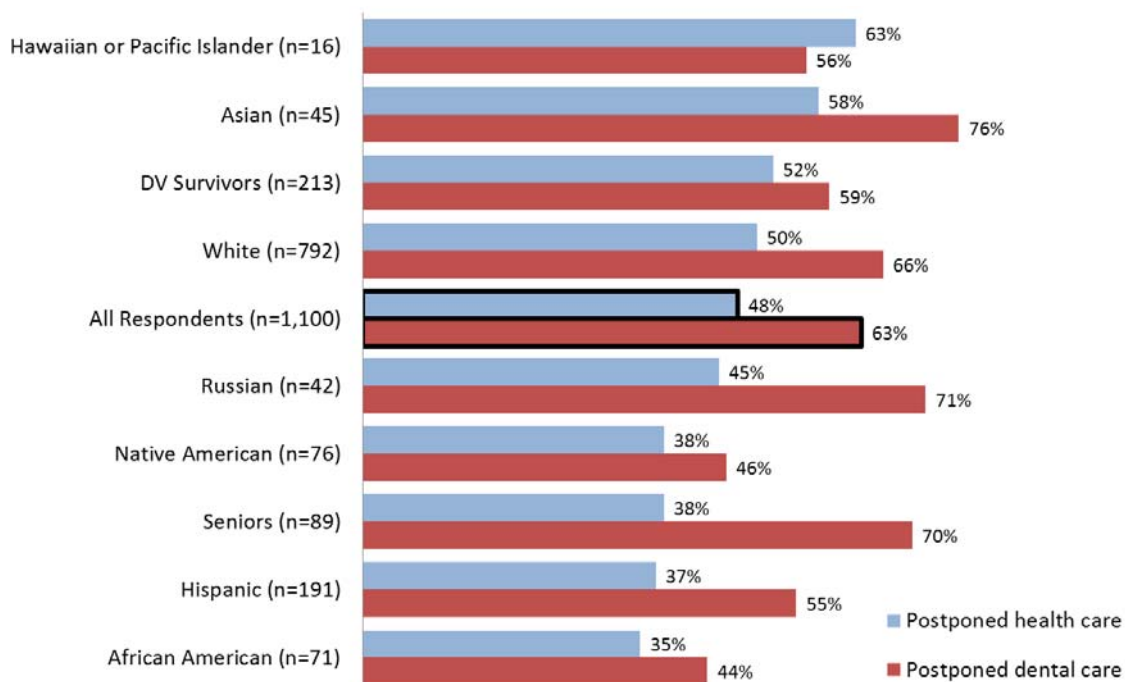
Washington State studies show that, increasingly, people are finding it difficult to access preventive dental services. This leads to more widespread oral disease and higher healthcare costs. It also leads to personal consequences: poor oral health has been linked to diabetes, heart disease and other long-term health problems. Poor oral health among children has been related to poor performance in school, poor social relationships and less success in later life.<sup>12</sup> Furthermore, Washington is facing a severe shortage of dentists, particularly those who serve underinsured patients. As a result, caseloads for dentists who still serve Medicaid patients has more than doubled over the last ten years, making access more difficult for underinsured and low-income patients. This forces some adults and parents to seek care for themselves and their children at hospital emergency departments.<sup>13</sup>

About half (48%) of respondents said that someone in their household had postponed needed medical care due to cost in the past year (Figure 44). Even more have had to postpone needed dental care (63%).

<sup>12</sup> Source: Citizens' Watch, a program funded by the Washington Dental Service Foundation.

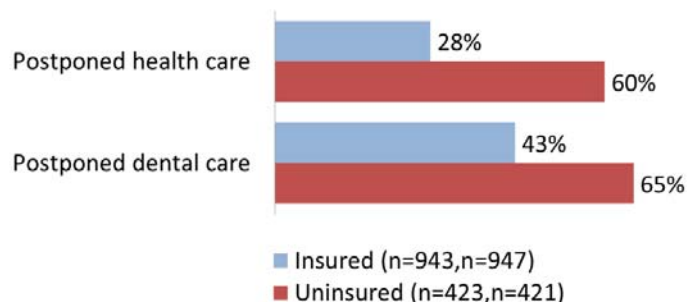
<sup>13</sup> Crittendon, B., Neumister A. and D. Ritter. 2004. *Bad Teeth = Missed Opportunities: The Challenge to Improve Oral Health in Washington*, Working for Health Coalition, Seattle, WA.

Hawaiian/Pacific Islander respondents were the most likely to postpone medical care, and Asian respondents were the most likely to postpone dental care. African American respondent households were the least likely to have experienced these problems.



**Figure 44 Percent of respondent households whose members postponed needed medical and dental care in the last year due to cost**

The problem of postponing health care and dental care is strongly associated with a respondent's insurance coverage status (Figure 45). Among those who are covered, only 28% report postponing needed health care. But among those who are not covered, more than twice that number (60%) say they postponed care. The gap for dental care is also substantial.

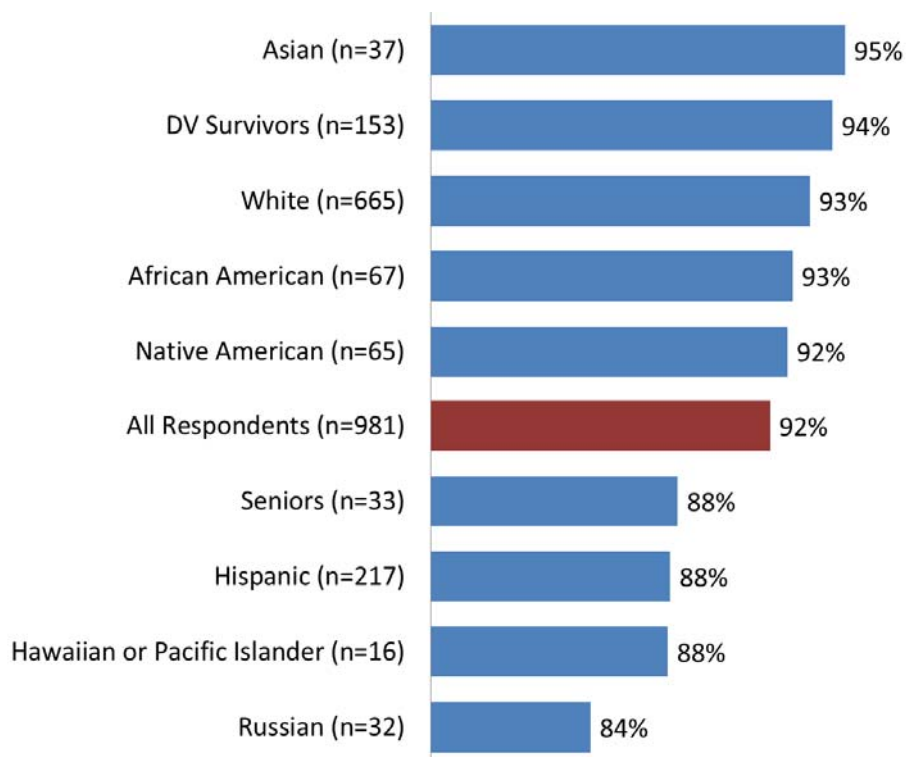


**Figure 45 Proportion of respondents who postponed care by insurance coverage status**

### Children's Health Insurance

*Our grown children don't have medical coverage. Once they turn 18 everything ends. Even if they are still in school. My son is still a High School student at 19yrs old and he has no medical coverage. Arabic immigrant focus group*

Overall, and for most subgroups, the majority of households with children under 18 years of age say that their children have health insurance coverage (Figure 46). Children's coverage is most common among Asian and domestic violence survivor households (95% and 94% respectively), and least common among Russian-speaking households (84%).

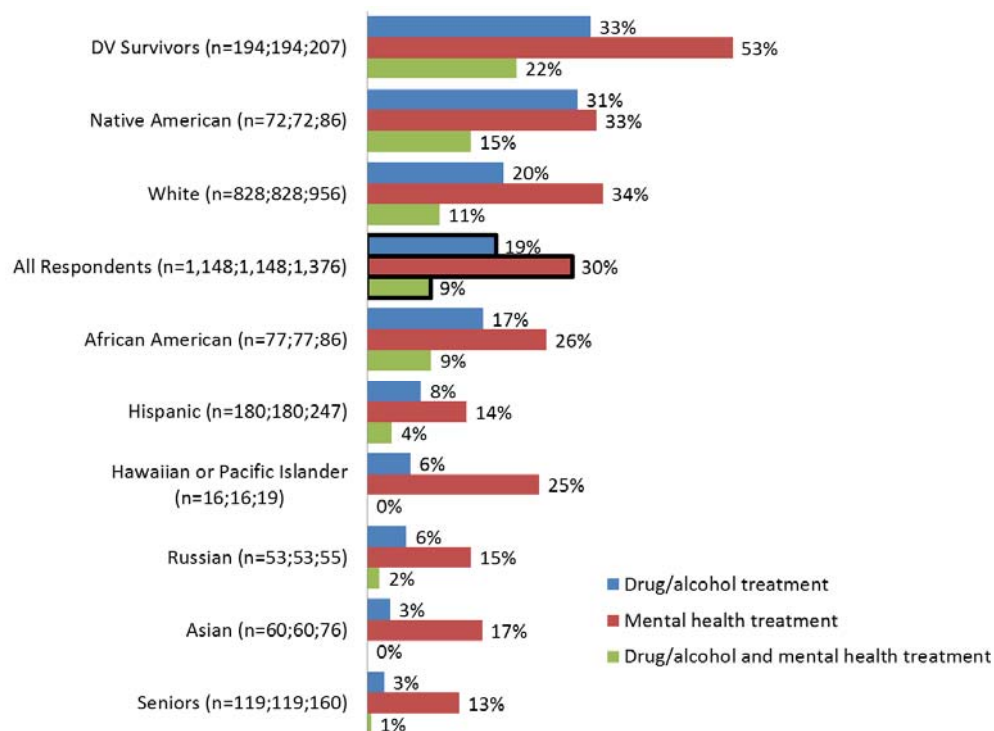


**Figure 46** Percent of households whose children are covered by a health insurance plan

### ***Mental health and substance abuse***

*With my medical coupon, I have been able to find a mental health provider and receive treatment and counseling. I have also been able to get the prescriptions that I need.*  
 -- Homeless focus group participant

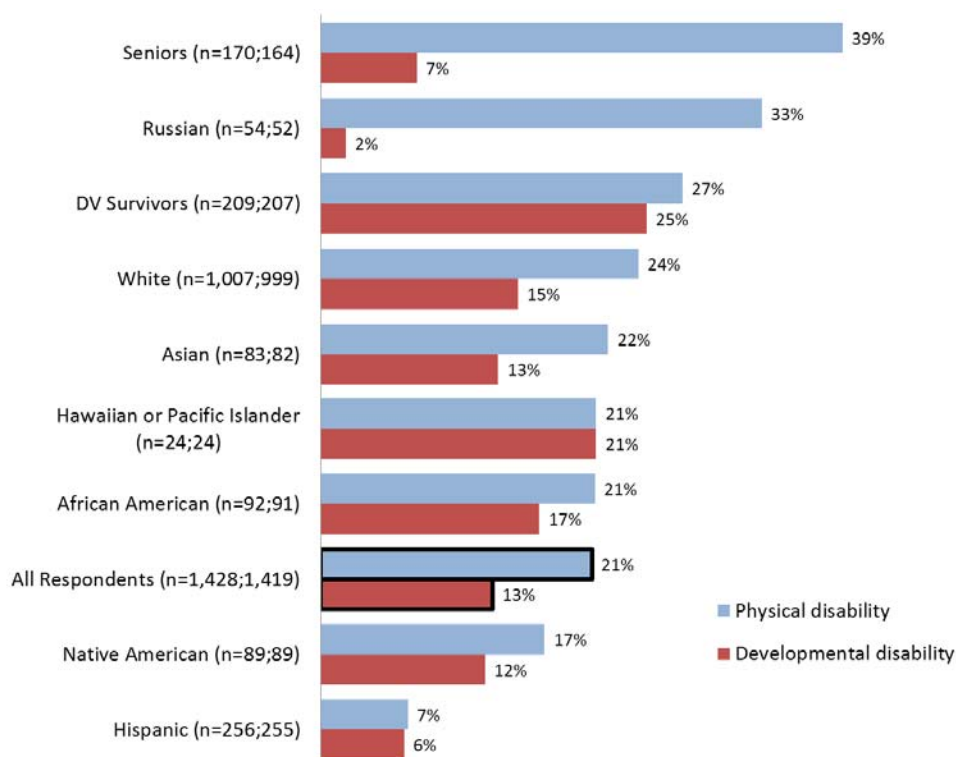
Within the last year, 30% of respondent households include at least one member who received mental health treatment, and 19% include someone who received substance abuse treatment (Figure 47). Nine percent of respondent households include at least one person who has had mental health treatment and substance abuse treatment. These are not necessarily the same person in a particular household; however, this may be a rough estimate of the prevalence of co-occurring disorders among these populations. More than half (53%) of domestic violence survivors have accessed mental health services in the past year, perhaps related to the trauma of the abuse they experienced. Substance abuse services were also commonly accessed by domestic violence survivors (33%) as well as Native American households (31%). These are also the two groups most likely to have both types of services accessed by the same household. Domestic violence survivors may be accessing these services as they seek shelter or legal assistance related to the abuse they have experienced.



**Figure 47 Percent of respondent households including at least one member who received drug or alcohol abuse treatment, mental health treatment, or both**

### Disabilities

About one-third (21%) of respondents say that someone in their household has a disability that limits one or more daily activities such as walking, eating, bathing or toileting (Figure 48). Not surprisingly, this is most common among senior respondent households (39%). The prevalence of developmental disability among respondent households is 13%. Domestic violence survivors report the highest subgroup rate of developmental disability (25%); seniors and Russian-speaking respondents report the lowest rates (7% and 2% respectively.)

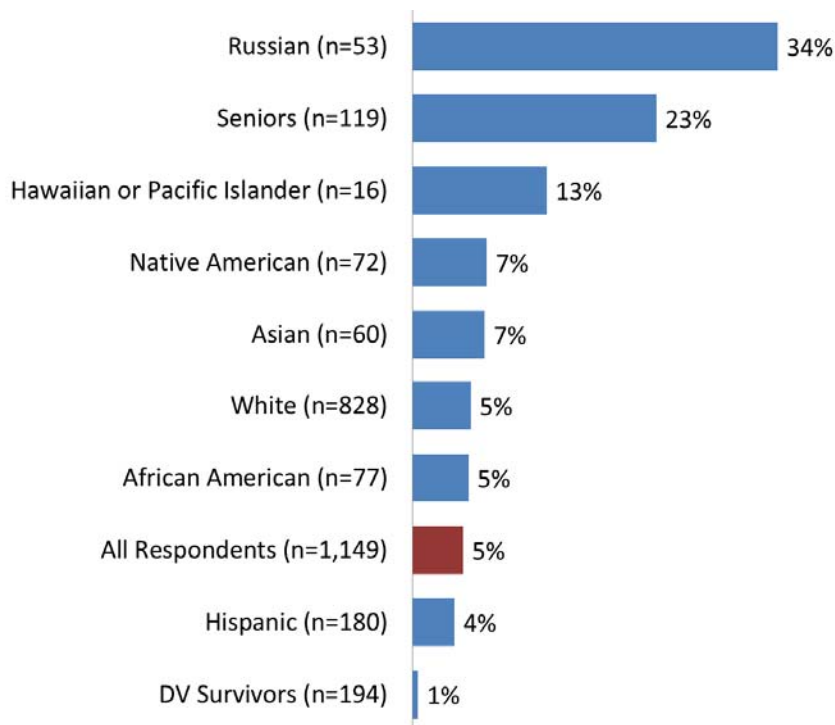


**Figure 48** Percent of respondent households including at least one member with a disability that limits one or more daily activities (e.g., walking, eating, bathing, etc.) and percent of respondent households including at least one member with a developmental disability



***Long-term Care***

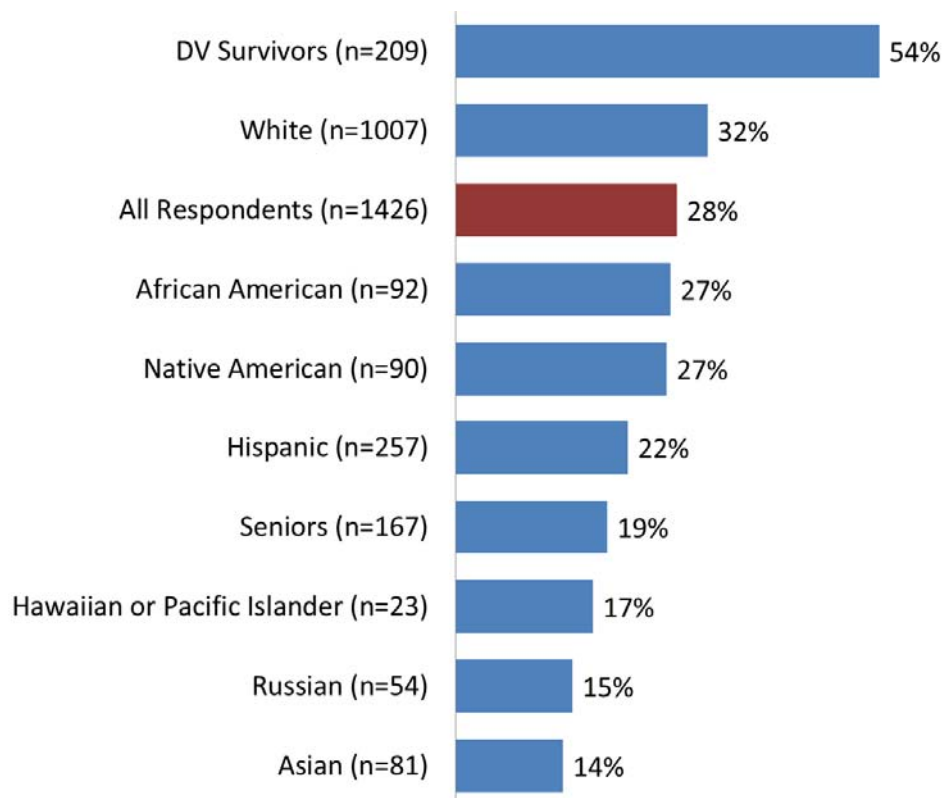
Among all respondents and most subgroups, few households include members who received long-term or home care services in the last year (Figure 49). However, among Russian-speaking and senior respondent households, the prevalence is much higher: 34% and 23% respectively. The higher prevalence of long-term and home care among Russian-speaking households is probably due to the fact that many of these households include extended families that may include seniors.



**Figure 49** Percent of respondent households with at least one member who received long-term care or home care services in the last year

***Emergency Services***

Twenty-eight percent of respondents said their household has contacted 911 for some reason in the past year (Figure 50). Domestic violence survivors are considerably more likely to have contacted 911 (54%). Asian and Russian-speaking households are the least likely to have contacted emergency services, perhaps due to language barriers or cultural differences.

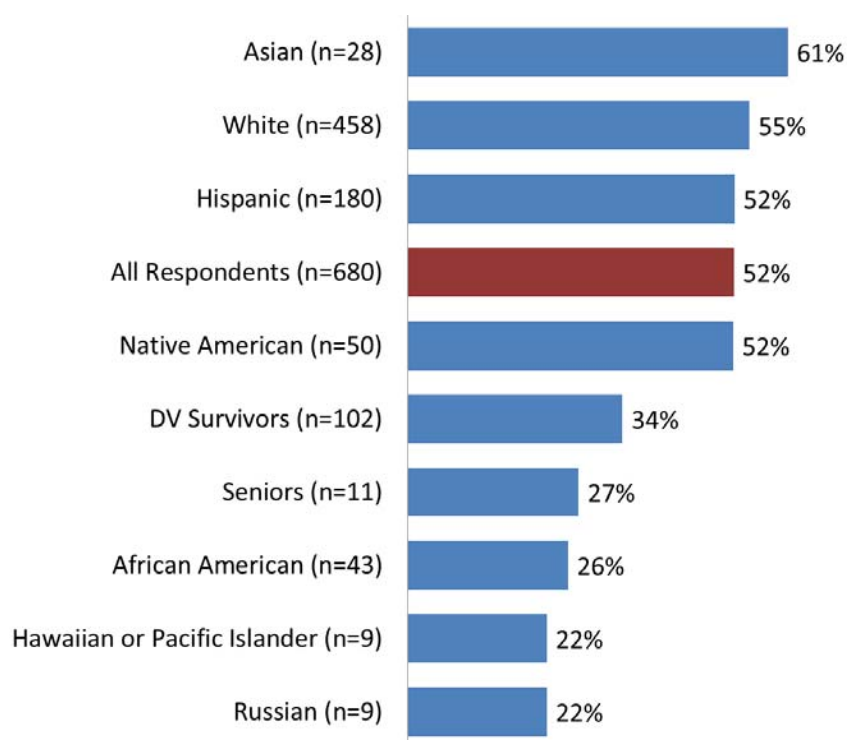


**Figure 50** Someone in respondent's household called 9-1-1 in the past year

## Childcare

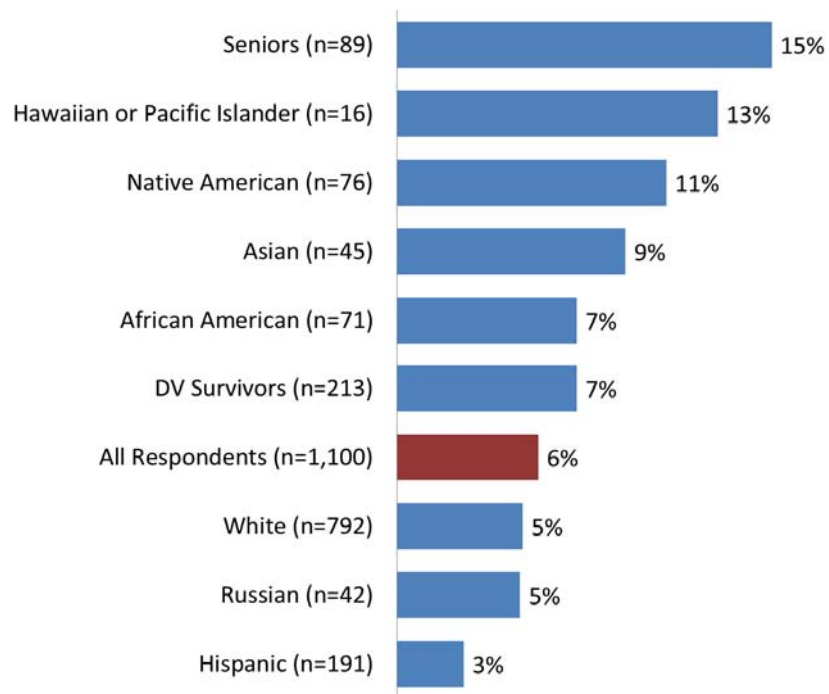
*I have a big problem getting appropriate care for my kids. The places I want to take them are too far and I don't have a car to drop them there. Arabic immigrant focus group*

Figure 51 shows the proportion of respondent households with children aged 0-5 that received services from Early Childhood Education and Assistance or Head Start. Childcare and related services through these programs were most commonly accessed by Asian respondent households (61%). Overall, 52% of respondent households used these services in the last year. However, as Figure 2 displays, 24% of the surveys collected for this report were collected from 18 different ECEAP/Headstart sites throughout Snohomish County. Therefore, these high rates of service use should not be generalized to a larger population. In addition, certain subgroups contain very few respondents with young children that would be eligible for these services, such as seniors, Russian-speaking, Asian, and Hawaiian/Pacific Islander households.



**Figure 51** Percent of respondent households with children 0-5 who received ECEAP/Head Start Services in the past year

According to the American Academy of Child and Adolescent Psychiatry, an increasing number of children in the United States live in households headed by a grandparent. Contributing to this trend are: increasing numbers of single parent families, the high rate of divorce, teenage pregnancies, incarcerations of parents, substance abuse by parents, death or disability of parents, parental abuse and neglect, and other factors. Among this study's survey respondents, seniors, Hawaiian or Pacific Islanders, and Native Americans are the most likely households to include a child in the care of their grandparent.



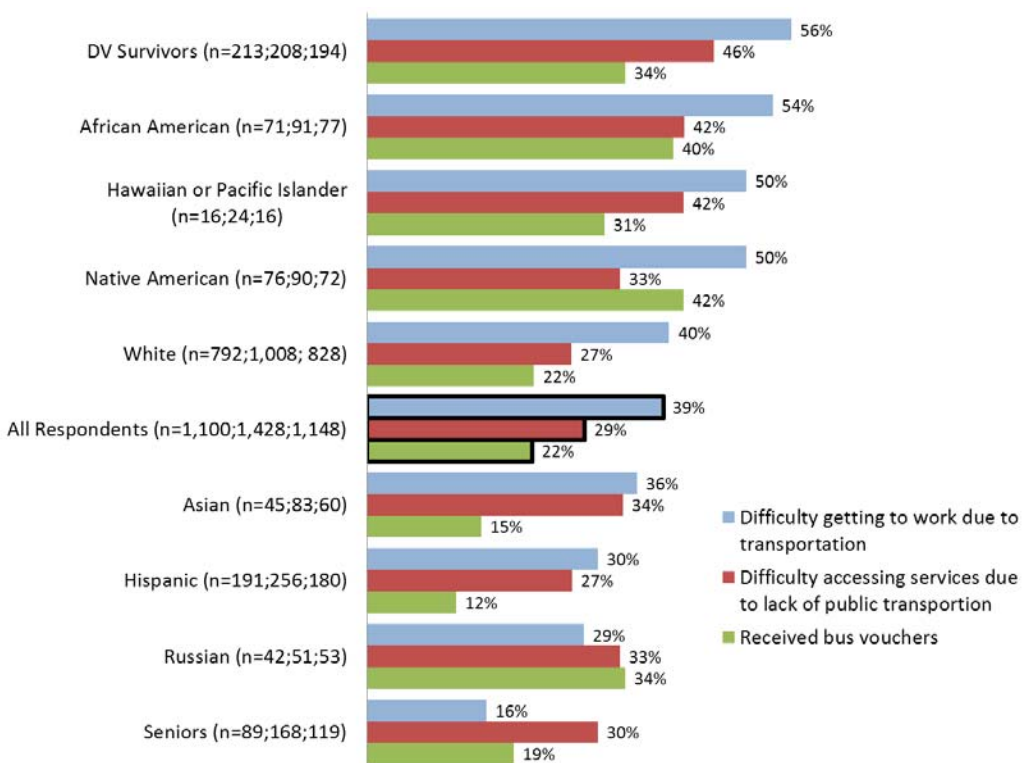
**Figure 52 Percent of respondents who have assumed full responsibility for the overall care of their grandchildren**

## Transportation

*I have done some care giving training but every where I apply they want a driving license which I don't have. I have tried the test several times with no success. My language is not a testing language and to get an interpreter, I have to pay them myself. How can I afford that when I don't have a job? -- African immigrant focus group*

Many respondents reported difficulty getting to work due to transportation issues (39%) or accessing services due to a lack of public transportation (29%). Domestic violence victims and African Americans are the most likely to face these challenges; seniors were the least likely.

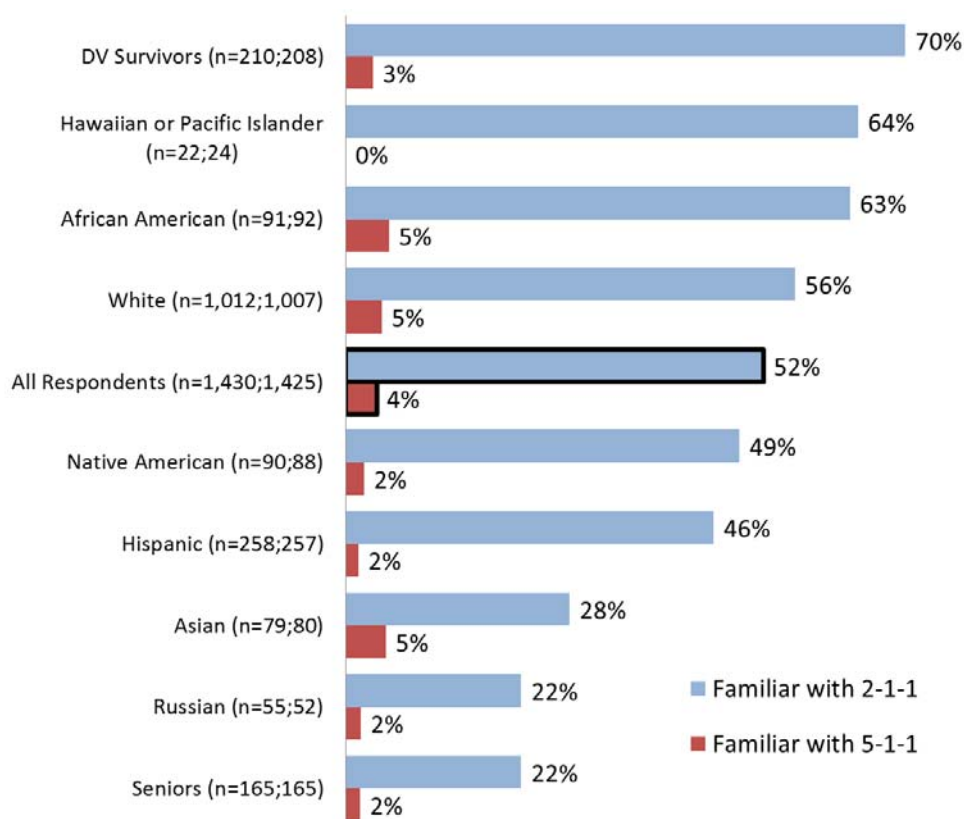
About one in five (22%) respondents had received bus vouchers in the past year. African American and Native American respondents were the most likely to have received this assistance (40% and 42% respectively).



**Figure 53 Transportation challenges and assistance**

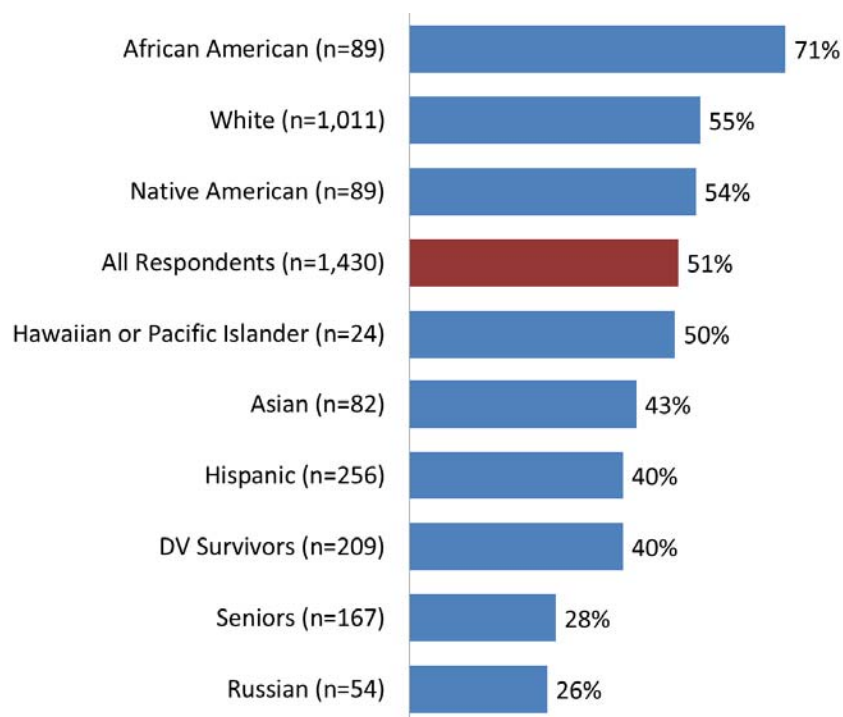
## Other Services

Respondents were asked about their familiarity with 2-1-1 (The Washington Information Network of health and human service providers) and 5-1-1 (Travel Information). About half (52%) of respondents were familiar with 2-1-1, while only 4% were familiar with 5-1-1. Nearly three-quarters (70%) of domestic violence survivors were familiar with 2-1-1.



**Figure 54 Respondents familiarity of 211 and 511**

Half of respondents had internet access in their homes at the time of the survey (51%). African American respondents were the most likely to have internet access (71%), and seniors and Russian-speakers were the least likely (28% and 26%).



**Figure 55 Internet access in respondent's household**

## Focus Groups Summary

Focus groups were conducted with consumers of services provided to individuals and families in Snohomish County. The purpose of the focus groups was to gain more insight into the experiences of low-income households, especially those who may be underrepresented by this and other community survey studies. Four nonprofit providers – Familias Unidas, WorkFirst/Basisc Food Program, Salvation Army, and Refugee and Immigrant Services Northwest – recruited and moderated the focus groups with support from a hired research contractor. Below are summaries of these group discussions.

### Latino Families

Seven people participated in the Latino focus group which took place at Familias Unidas and was conducted in Spanish. Participants ranged from a single 18 year-old woman expecting her first child to a divorced woman in her 40's with grown children. However, most participants were married with dependent children. Issues of job loss, childcare, and housing were closely intertwined.

Languages barriers and discrimination affected participants' abilities to meet their basic needs. Participants reported experiences of discrimination by landlords, employers and law enforcement, often resulting in a mistrust of authority. Language barriers made it difficult to navigate the public transportation, healthcare, and educational systems.

Several participants reported that they or their spouses had lost a job due to the recession, some having been unemployed for months. Participants were wary of credit cards, choosing instead to borrow from friends or family to make ends meet.

When participants were employed, finding affordable childcare care was a major issue. Families often fell in the "gap" by being over income for subsidized childcare – even just by \$20 – but not being able to afford private childcare. This was particularly an issue for families who have seasonal jobs and whose incomes fluctuate throughout the year.

Barriers obtaining housing included bad credit and high move-in costs (first/last months rent and deposit). Once in housing, families struggle with high utility bills, poor housing quality, and being taken advantage of by landlords based on their ethnicity or immigration status.

None of the adults in the focus group had health insurance, resulting in delayed care and unmet medical and dental needs. Health insurance for children was limited to medical coupons, which were not



accepted everywhere. One respondent reported poor treatment by healthcare providers based on their insurance status. Another was unable to get a prescription paid for with the medical coupon.

Latino focus group participants appreciated the help they received from SeaMar, ACES alternative high school, Public Utility District (PUD) energy assistance, and especially Familias Unidas. Participants were grateful wherever they encountered Spanish speaking staff.

### **Families participating in TANF**

Focus group participants were recruited from the Edmonds Community College Work First Program Life Skills class, where they were referred by their Temporary Assistance for Needy Families (TANF) case workers. Participants included seven single mothers, and one mother to be. Their children ranged in age from toddlers to teenagers. Two families included children with special needs. Though none of the participants were employed at the time of the focus group, all expressed a desire to become self-supporting and were working toward education or vocational goals. Housing, transportation, and healthcare were major needs for this group.

Four of the families received some type of housing assistance, including YWCA, Housing Hope, Shelter Plus Care, and Section 8. Three participants were staying with relatives in situations that were crowded at best and unsafe at worst. One participant was struggling to pay rent, making ends meet by selling her furniture. Several had experienced homelessness as a result of domestic violence, family break-ups, and mental health issues. One woman's 18 year old son was living on the streets because he was not welcome at her parent's home.

Participants faced transportation challenges ranging from the cost of gas and car insurance, to the difficulty of transporting young children on the bus. Though some clients received gas vouchers, they were insufficient to meet their households' transportation needs.

Many participants faced additional barriers to stability and self-sufficiency. Seven out of eight were survivors of domestic violence; five were in recovery from substance abuse; and half had received mental health services in the past year. One participant reported difficulty accessing mental health services, while another did not find the counseling that she had received to be helpful. Access to dental and medical care was also a challenge due to long waits and insufficient health care coverage. One mother of two prepared for gall bladder removal after two months of pain, appointments, and repeated

calls by her doctor to the state advocating for approval of the surgery. She had no family support and was concerned about how she will care for her young children immediately after the operation.

Though these women faced many challenges, they were grateful for the help and support they had received from several community organizations and programs, including the WorkFirst Life Skills classes, the YWCA, Housing Hope, Pathways for Women, the Working Wardrobe Closet, the YMCA family membership scholarships, and St. Vincent de Paul.

### **Homeless persons**

Only two single, male participants attended this focus group; however, they provided important insights that are useful to this assessment. Both participants are unemployed and lack job experience, education, and vocational skills. They discussed their difficulties with housing and shelter, transportation, and healthcare access.

Understandably, housing is a major concern for homeless participants. Legal issues and low incomes contribute to participants' difficulty finding housing. Most programs target families with children, so single men are not always able to access shelter, let alone permanent affordable housing. The shelter has a waitlist, sometimes leaving people with no choice but to sleep outside. Participants view the lack of housing as a major barrier to improving their lives and gaining employment.

Transportation was also a challenge, especially with recent cuts in transportation assistance. Bus tickets are very limited, so clients primarily rely on walking to get to appointments.

One of the participants had a medical coupon and was therefore able to get medical needs met, though he reported some difficulty finding doctors and dentists that accepted the coupon. This has resulted in the participant seeking help at the emergency room, where he knows he will not be turned away. Dental care covered by medical coupon is very limited. For example, extractions are covered but not fillings. The other participant did not have health insurance. He has no access to dental or mental health care, and has gone to the emergency room several times this year for medical treatment.

Consistent with the survey findings, clients are able to access many food assistance programs such as hot meals and food banks at the Salvation Army, so hunger is not seen as a major issue. However, transporting and storing food received from the food bank can be a challenge. Participants would also like to see more fresh foods, meat, and seafood available from the food programs.

In closing, participants state that they want the government and organizations to know that they are people too; that they should not be treated any different just because they are homeless.

### **African and Arabic-speaking households**

The majority of the 16 focus group participants were married men or women with children, two were widowed, and three were single mothers. Five of the 16 participants had part-time, low-wage work, in food service, childcare, homecare for a family member, and maintenance. The biggest challenges for this group are the interconnected issues of employment, housing and childcare. If they don't have childcare then they can't go to school and therefore not be able to get a job. If you don't have a job, housing becomes a challenge.

The focus group included participants who held professional positions in their countries of origin: a dentist, a chemical engineer, a doctor of medicine, and an accountant. Since their credentials are not recognized in America, re-schooling or re-certification is necessary. Language barriers as well as the costs of certifications present further barriers.

Limited income, particularly for TANF recipients, was a major housing barrier. Some made up the difference by borrowing money to pay the rent and utilities. Others shared housing with family members in over-crowded apartments. One family of seven lived in a two-bedroom apartment. Another mother had to live in a very small space with her grown son, which she reported was uncomfortable and culturally inappropriate. Housing assistance programs had long waitlists.

Childcare was a major challenge for these families. As they attempt to improve their situations and attain employment, they often fall into the gap also mentioned by the Latino focus group. They make too much money to qualify for childcare assistance, yet are unable to afford market-rate childcare.

Three participants had health insurance. Some had time-limited access to medical care for refugees, but it expired after a few months. Overall, there is lot of confusion about how to access care, what is and is not covered, and how long the coverage lasts. Some had accumulated bills for care that they thought would be covered. At least one participant mentioned a difficulty accessing interpreter services within the healthcare system. Access to healthcare was a major source of anxiety for participants, especially for children that had turned 18 but were still in school.

Transportation challenges include not having a driver's license, the price of gas, difficulty navigating the bus system, and difficulty traveling on the bus with small children. Language barriers are a major

contributor to transportation issues. One participant had failed the driving test three times, and another had gotten lost several times by getting on the wrong bus. Transportation difficulties have serious impacts on other aspects of life, such as employment, childcare, education, and accessing important services.

Thanks to food banks, no one in this focus group had gone hungry in the last year. However, participants would prefer more fresh foods and are not used to the canned foods that are available at food banks.

Focus group participants reported being helped by Lutheran Services, DSHS, Refugee and Immigrant Services Northwest with such services as parenting support, childcare, bus passes, school books, and energy assistance. One participant was pleased that a DSHS worker spoke French, which is easier for her than English. Another participant expressed frustration that there was no Arabic speaking case manager, and interpretation services are limited.

## **Appendix A: Focus Group Summary Notes**

## Latino Families

Focus group was conducted in Spanish. There were 7 adult participants and 6 children who participated in child activities while focus group was held.

### **Participant introductions and employment.**

1. Single female adult in her 40's. She has lived in Everett 5 months. Previously lived in Lake Stevens lost her house to foreclosure. Lost job, house, health insurance, and sever impact on her family. The family broke up with adult children moving out, 17 year old daughter leaving home to live with sister out of state. Husband no longer with the family.
2. Male in his 30's, married. Has wife and 3 kids ages 11, 8, 1. Lost his job in the last year. No health care.
3. Woman early 30's 3 kids (11, 7 and 6 months). Married, stay at home mom. She is studying English, her husband lost his job.
4. Married woman 40's. 2 kids 13 yrs. and 6 years old. Lived in Snohomish County for 10 years. She has her own business, was to get her GED. Trouble finding class in Spanish.
5. Married woman 30's, 3 kids (10, 7, 3 yrs.) 8 yrs. living in Everett. Husband currently unemployed.
6. Single Male 18yrs. old graduated HS.
7. Single Female 18 yrs. old graduated HS, expecting.

### **Overview of challenges and success: Difficulties**

#### **Most challenging experience in the last year**

- 2 participants mentioned traffic accidents. In both cases they were hit by an uninsured driver. Each had their car severely damaged or totaled and they had to pay because the driver was uninsured. Each felt that the police & emergency responders were not as helpful or attentive to them as they were to the others in the accident and felt that racism may have played a part.
- 18 yr. Old HS male. His father lost his job and son had to go to work to help support the family.
  - --father had lost his job
  - --he was injured in school sports and that insurance only paid half of bills. His father was unemployed, there was not health insurance. His father and he had to work to pay bills out of pocket and his care and much needed medical appliances were not purchased in a timely fashion due to lack of money.
- He feels this inability to get needed care in a timely fashion contributed to his continuing difficulties with his knee.
- In one family: One child had to leave university and get a full-time job, one child has to work and go to HS at the same time, third moved to live with older sibling due to economic issues.
- One family reported being forced to apply for food stamps and feeling very badly treated by the DSHS worker. She said the experience left her with a lot of feeling of humiliation and shame.

#### **Keeping a job:**

- General feeling seems to be that the economy is the primary reason for being unable to get or keep jobs. Several participants had either lost a job, or had a family member lose a job in the last year due to the economy.

- Some had managed to find another job after months without work when they were forced to borrow money from relatives to pay rent, etc.
- Not everyone present has found another job and some are still unemployed. All seem to be struggling. Results of job loss and economic downturn affect everyone in this group, even the business owner and those who are employed.

**Successes have you had recently and what helps you succeed? What people or organizations have you turned to for help?**

Many of the folks present have had moments in the past year when they were faced with difficult issues and did not know where to turn. Example of comments:

- I went to the food bank, I talked to Karina at Familias Unidas and she told me where to go.
- My ELL teacher told me where I could go for help
- I always come to the center [Familias Unidas] to get help, they have connected me with SeaMar, and other resources.
- I came to Familias Unidas when I had an issue with domestic violence
- My school counselor helped me I went to ACES at Mariner
- My High School helped me get the help I needed
- I did not know about Familias Unidas, I wish I had, more people need to know what you do.

**Now, let's talk about some specific issues.**

**Let's start with preschool and childcare. Parent comments:**

- Child care is hard to find
- Income requirements (for Headstart/ECAEP) are hard to meet: One couple was over by \$50 and another by \$20 so their kids were not eligible.
- Headstart and ECAEP are good programs, not everyone can get in and it seems the government keeps trying to close programs and cut the numbers.
- People who's income varies throughout the year have a hard time qualifying. Summer may look as if they make a good income, but then come the lean months. Sometimes programs don't understand this and they disqualify you. One participant required the help of Familias Unidas to appeal a denial. Their child was ultimately accepted but it took time and required the help of Familias Unidas.
- Private childcare is very expensive, sometimes more than you make at your job.

The parents present added their comments about schools/school challenges:

- Parents also need support in their education for example:
  - ELL support (English Language Learners)
  - More knowledge of the system and how it works
  - How parents can support their kids in school and into college
  - How can we keep our kids safe from drugs and gangs
  - "I moved my child from Monroe Elementary in Everett it was a very racist school". The new school is fine.

**Next let's talk about housing.**

- It is hard to find a good place.
- Hispanics have more rules applied to them than others, higher deposits, etc.
- Problems participants reported included:
  - You lose your job, your credit gets bad, you get another job and are paying your bills, but you have a bad credit because of losing your job and can't get a good place to live.
  - Some landlords are racist and treat you badly
  - The amounts we have to pay for garbage and water are very high, they can get away with it because we need a place to live.
  - "My electric bill is very high, PUD says my landlord must check heaters, water heater etc. to find the problem, my landlord refuses to check".
  - Some landlords require you to bring home 2 or 3 times the amount of the rent this is hard to do, what do they care as long as they get the rent paid.
  - It is difficult to get deposit and first and last month's rent if we are recovering from losing your home, or your job.
  - Many places on Casino Rd. that rent to Latinos are unfair, or in bad condition. Places in other areas may also be operated by the same unfair management company.

**What housing problems have you experienced in the last year:**

- All of my family lived together in the same house, until we lost it to foreclosure. It was a big house, and the family had split up. Now live in a small apartment and my grown kids live other places. One of my daughters moved to live with an older sister where she works and goes to high school. She has to work.
- We had to move when my husband lost his job. Even though we never missed a rent payment and were always on time and even had a recommendation from our previous manager, it was very hard to find a place because we don't have good credit due to his job loss.

**How about utilities such as heat, electricity, and phone service?**

- Utilities are very expensive, but PUD does help.
- There was a general consensus among those who used PUD that they were a good program, had helpful and respectful staff and were a good resource. Two participants mentioned getting a 40% discount when they applied. Several participants talked about PUD helping them when they were having problems. One was unaware of energy assistance, but said that she would apply as her bills were usually high.
- 3 of those present mentioned that Familias Unidas helped them apply for assistance.
- Others mentioned how helpful it was that PUD has Spanish speaking staff. One mentioned how rare this was in this county.

**How could the government or other organizations better help people who are struggling with any of these housing issues? Who would you turn to for advice about finding and keeping a decent place to live?**

- The government could help by doing a better job of monitoring landlords so they are not taking advantage of tenants. Abusive landlords are a big problem. So are substandard rentals.

**Now let's move on to health and healthcare.**

**How many of you have needed some type of medical care in the past year or so?**

- Everyone in the room had a medical emergency of one kind or another in the last year, some medical, some dental.
- One participant mentioned she has been on the Basic Health waiting list for 4 years.



- Another mentioned that her 13 year old, not born in the US was just cut from Apple Health.
- Another spoke of losing her medical coupon
- One participant complained that it was very difficult to get an interpreter and another that interpreters are not all good.
- Others mentioned that many private providers don't want to treat those with med coupons, or that they feel they were treated badly when the provider knew they used med coupons to pay.
- One parent complained that her son required two medications in one month and was told that the coupon only covered one prescription per month and she could not afford the cost.
- The young man spoke of the accident that required an emergency room visit which cost 1500. There was trouble with the insurance claim that required that he and his father pay the bill. The hospital reimbursed them when the mistake was clarified, but it took almost 1 year. Paying was difficult because the father had lost his job.
- None of the adults were currently covered by a medical plan, though some had coverage for their children.
- Participants spoke of delaying medical care because of no insurance. Parents are especially worried about what this means with their children.

**Dental care? How many of you are you covered by a health insurance plan? Mental health services?**

- Dental care is even more problematic. One participant pointed to dental issues she has but cannot get treated.
- No one seemed to have a dental plan.
- Mental Health: 1 participant had accessed services for her child. She was referred to SeaMar by Familias Unidas.

**How could the government or other organizations better help people get the medical and dental care they need?**

- Bring down the cost of health care.
- More flexibility with payment plans.

**What about transportation?**

**How do you usually get around? [Prompt: car, bus, carpool, bike, walk?]**

- 2 took the bus
- Bus information is only in English and it is confusing
- Many Latinos avoid the bus because understanding the information is hard.
- 1 walked
- Rest drove, but had many worries about the cost of gas.
- Gas prices have caused a change in driving habits. "I use to take the kids out for a ride on weekends, I don't do that any more." "I combine trips and won't drive unless I can do several errands at once." "I am very careful because I know the gas my husband puts in the car must last the whole time".
- One participant said that using the bus with her young child was no problem the bus driver was nice.

- One participant mentioned being called by phone from someone with community transit who spoke Spanish. They wanted him to take a survey. He was happy to, but asked for the survey in Spanish. The speaker checked with his manager and was told the survey had to be in English. The participant was surprised that if a Spanish speaker called, they could not give him a survey in Spanish.

**What programs or people have been helped you with these problems?**

- Not much help for transportation.
- *No one knew of resources to help.*

**Next, let's talk about food.**

**How would you describe your/your family's eating habits? Are you getting enough high quality food? [If not, why?] What types of food would you prefer to eat regularly that you are not eating now?**

- Food is very expensive
- Families never go out to eat anymore.
- 1 child is vegetarian
- 1 goes to U-pick farms
- 1 eats lots of fruits and veggies
- 1 tried shopping at Everett Farmer's Market, but it is extremely expensive and they can't do it anymore.
- 1 makes sure she only buys things in season.
- 1 buys frozen instead of fresh produce

**How has the recent rise in food prices affected the way you eat?**

- We are more careful about what we eat, what we buy.

**What food assistance programs are you using? How well do they fulfill your food needs? If your kids eat at school or daycare, do you think they are getting healthy food?**

- Use food banks, WIC, food stamps

**One last area that I would like to talk about is financial stability.**

**How do you manage your money? [Prompt: Do you have a bank account, a checkbook, or a credit card?] Do you use payday loan services? Are you able to save for unexpected events?**

- Use cash so that I spend less.
- Put my check in the bank, pay everything (rent, utilities, etc.) and see how much I have left for the rest. Sometimes it is only \$50.

**What financial problems have you encountered? [Are you burdened by debt? Or just scraping by from month to month?]**

- We have debt-only because my husband lost his job and we had to borrow money from family. We are working on paying it back.
- Credit card interest rates are high and you have to be careful because what they charge is not always clear.

**What agencies, services, or money management strategies have you used to help deal with your finances?**

- 1 Participant received help from VOA

**Wrap up.**

**Is there anything else you would like to tell the people in local government and other organizations who want to help provide better social and health services? Especially about the experiences and needs of families with young children?**

- Immigration is a big worry whether you have your papers or not. Many families have members who have their papers and others who don't.
- You don't know who you can trust
- Often afraid of police
- Latinos get taken advantage of by employers and landlords if they think you undocumented.

## Families participating in TANF

Two focus groups with four participants each were conducted. This is the combined notes of both groups.

### Participant introductions

1. Unemployed single mother of 2, 12 y/o & 14 y/o, sharing housing in Lynnwood area
2. Unemployed single mother of two teenage children 18 & 13 y/o, temporarily living with parents in Lynnwood area
3. Unemployed single mother of two sons, 15 y/o autistic, 13 y/o, living with her parents in Lynnwood area
4. Unemployed, single mother of 1 son, living in Lynnwood on a housing voucher, waiting for Section 8
5. Unemployed single mother of two small children, 1 with special needs, living in Lynnwood area
6. Unemployed single mother of 2 children living in the Everett area
7. Unemployed single mother of 2 y/o child, living in the Everett area
8. Unemployed, young 6 mo. pregnant woman, living in the Everett area

### Findings common to all participants:

- Are on Temporary Assistance for Needy Families and were referred to Edmonds Community College Work First Program Life Skills class by their TANF case worker.
- Expressed gratitude for being sent to the class.
- Expressed a desire to become self-supporting, and have educational/vocational goals.
- All but one has previous abuse and/or domestic violence history.
- Agreed that transportation issues were a major barrier for them.
  - Those with their own cars do not get adequate gas vouchers to meet their compliance requirements for TANF.
  - Participants in both groups mentioned the increase in the cost of gas, and admitted their inability to afford for car insurance when the subject was brought up.
  - Five of the eight admitted to being recovering addict/alcoholics.
  - Four mentioned receiving mental health services from the following service providers, Bridgeways, Sunrise Services, Pathways for Women, Snohomish County Services for Victims of Domestic Violence, and Compass Health.
  - Spoke highly of the benefits of being in the Edmonds Community College WorkFirst Life Skills classes.
  - Appreciation was also expressed for the support received from YWCA, Pathways for Women, the Working Wardrobe Closet, the YMCA family membership scholarships, St. Vincent de Paul for helping with furnishings, local food banks, and Housing Hope.

### Housing

- Participant lives in a house that was converted into a triplex. She has sold her furniture on Craigslist to be able to pay her rent. She is currently sleeping on an air mattress. She reports she is hopeful things will change.
- Participant and her younger child live with participant's elder parents. She lost her housing when she had a mental breakdown and was hospitalized. She reports that her 18y/o son is on the streets because he is not allowed to live with her parents.

- Participant reports she and her two sons are living with her elderly parents after leaving her physically abusive husband. Her eldest son's autism creates significant strain on the living situation with her father.
- Participant and her son live in an apartment provided through YWCA, and are waiting for her name to come up on the housing lists. She seems reluctant to discuss the support she is receiving in front of the others in the focus group.
- Participant and her two young sons were homeless for two years, until three months ago when she received a housing "Shelter Plus" Care voucher through Bridgeways, chemical dependency program. She was able to begin to furnish her home with the help of St. Vincent de Paul.
- Participant and her two children are living in Everett on a Section 8 voucher, and are preparing to relocate due to domestic violence/safety issues.
- Participant, six months pregnant is staying temporarily on a relative's couch, after 'couch surfing' since August 2009. She has applied for a housing voucher, and reached out repeatedly to Housing hope, with no response. She reports the family where she is staying isn't always stable, and she doesn't always feel safe staying there. When asked, she stated there is a 20 y/o male living there who has 'anger management issues' who 'rages and throws things'. She also stated there is an active addict living in the house.
- Participant and her young daughter are living in the Housing Hope system, after being in a battered women's Shelter in Whatcom County, prior to that, they were living in a tent and her car.

### Transportation

- Those who use public transportation systems (3) mentioned the struggle of transporting multiple young children in the winter on buses. One mentioned the time it takes to get places on the bus system. She reports she can often get there faster walking, and has pushed her 2-child stroller more than 100 blocks in one day.
- The remaining parents own cars, and were in agreement in both groups, that the \$50 monthly gas vouchers from DSHS were not adequate to meet the participation requirements, particularly given the rise in gas prices.
- When asked about car insurance, two of the five drivers said their cars were insured, however, they were not paying for the insurance themselves.

### Physical, Mental and Dental Health Services

- One woman in group 1 reported having to wait 5 months to be able to begin mental health services after hospitalization for attempted suicide. She also expressed concern for the lack of services available for her 18 y/o son who is 'on the streets'.
- Another mother in Group 1 discussed the struggles she has had accessing services for her autistic son. She described being sent to King County, then denied services, and referred back to Snohomish County, where she had to start all over.
- Another stopped attending counseling because the counselor felt sorry for her, and continued to 'focus on what was wrong instead of what I could do to make the situation better.'
- One reported she has a tooth with an infection, and can't get anything done because adult dental services have been eliminated by the state.
- A mother of two had been taking her sons to doctor, dentist, and speech and hearing specialist appointments. Her oldest son has been diagnosed with a hearing disability. She reported feeling good about the services she had received for her child. It should be noted, she had worked with her counselor at Bridgeways.
- A mother of two young children is preparing for gall bladder removal, after two months of pain, appointments, and repeated calls to the state by her doctor, advocating on her behalf for approval of the

surgery. She has no family support and is concerned about how she will care for the children after the operation.

- Two women in Group 2 agreed that their DSHS case managers did not know about services, and told the parents to 'call 211'. When each of them called 211, they were told funding was cut and services weren't available.
- The parent who had accessed services through the DV shelter and Housing Hope spoke positively about her experience with local services.
- Both groups agreed that it would be helpful if more service providers knew about available services. No one expressed confidence in 211 to meet community needs for information & referral.

**Suggestions for Improvement of Services**

- More transportation support
- One bus to run the length of 196th St., Lynnwood
- More emergency shelter & support services for the homeless
- More local services for domestic violence victims
- More low-income housing
- Emergency dental services for adults
- Social service resource information more accessible, through DSHS case managers, referral sources other than 211.
- Increased access to services for special needs children
- Clear information about state medical insurance providers
- Increased medical services provided by Molina
- Family support services when a short term medical issue arises for the parent

## Homeless persons

Only two single, male participants attended this focus group; however, they provided important insights that are useful to this assessment.

### Participants Introductions

- Lived in Everett 5 years - homeless for 5 years (male) has been homeless since the age of 22 (Single).
- Lived in Everett 2 years - homeless for 2 years (male) has been homeless 2 years (Single).

### Employment: Are any of you working? Tell us about your job, and past job experience that you may have?

- Neither of the two is employed.
- Neither of the two have any job experience.
- Neither of the two have any education or vocational skills.

### Overview of Challenges:

- I have a major problem with housing: Finding shelter is a huge challenge, it is hard to find anything that is affordable.
- Legal issues: having legal issues prohibits me from moving forward and finding a stable place to live.
- Food: In Snohomish County, primarily in Everett, there is always something to eat. We come to TSA (The Salvation Army) to the meals program several times a week; and also go to their food bank and other food banks. Storing of food is hard, but one option is to leave the food that I get from the food bank at a friend's house.

### What are the most serious challenges you face with day to day living?

- Storing the food: Is hard because I have to leave it at my friend's house, and I have a hard time with transportation because I have no money.
- Transportation: There are no programs that are available since DSHS cut the Orca bus pass program due to funding. The bus tickets that they do rarely give a limited to 6 tickets and are the old bus tickets that are good for the \$1.50 fare; buses are now \$1.75 one way without transfers.
- Medical: I have a medical coupon so it is not a problem getting my medical needs met, except finding doctors that take the DSHS medical coupon can be challenging at times, especially when it comes to finding a dentist that accepts medical coupons. Dental care covered by medical coupon is very limited; DSHS can pay for teeth extraction but not for teeth filling.

### Other services and issues:

#### Housing

- It is hard to find affordable housing to live.
- It would be help if the government took all the abandoned buildings and the foreclosed homes, and made them into affordable living for people that are homeless.
- I slept behind the building because I have no place to go. The mission is full and has a long waiting list. Last time it took me two weeks to get into the mission.
- Most programs target families with children. There are limited resources for single men to be housed.
- I have turned to DSHS, TSA, and all of the same resources that provide services for help with housing, I keep getting the same answer that there is no funding for housing or that they are full.

**How could the government or other organizations better help people who are struggling with any of these housing issues?**

- Provide more housing or shelters so that the wait list isn't so long.
- Have programs that not only target families with children as qualified applicants to house, but also single men.

**Health:**

- 1 - I do not have health insurance.
- 1 - I have a medical coupon.

**What do you do when you need medical or dental care (private doctor's office, community health clinic other)?**

- Each time I am sick I go to the emergency room because I do not have medical insurance, I have been to the emergency room several times this year
- When I am sick it is hard to find doctors that accept my medical coupon. I tend to get the run around, and my medical needs are not met. I end up at the emergency room because at least I will be treated there immediately.

**How could the government or other organizations better help people get the medical and dental care they need?**

- Medical coupon does not cover much, the government could increase the coverage on the medical coupon to provide dental work as well, and also some medicine DSHS does not cover we have to pay for it ourselves.
- Provide medical care to all people that are homeless.
- Socialize medicine. The same way that they do in Canada

**How about mental health services? What has been your experience trying to get help with mental health treatment or counseling?**

- With my medical coupon I have been able to find a mental health provider and receive treatment and counseling. I have also been able to get the prescriptions that I need.
- I don't have any medical insurance so I have not been able to get any help with mental health treatment, or counseling.

**What would make it easier for people to get the mental health treatment that they need?**

- Provide people with the medical coupon they need that covers all services.
- Have more doctors that are willing to accept the medical coupon, that way I wouldn't get the run around and it would be easier for me if I could stick with the same doctor.
- DSHS could provide people with ADATSA.

**Transportation:**

- There used to be a bus card that we could get from DSHS so that we could take the bus on a regular basis. This made it easier to get around to appointments.
- DSHS will give bus tickets every once in a while but they only give us 6 tickets and they are the old bus tickets that are good for the fare of \$1.50 now buses are \$1.75 and they don't even give us transfers.
- I stay in one area because the only reliable transportation I have is walking. If I take a bus somewhere I have no guarantee that I will make it back.



**Food:**

- No one has gone hungry in the last year. However it would be nice if the food programs offered us more fresh food instead of canned, and healthier things like meat and seafood.

**Wrap Up:**

- The group agrees that they want the government and organizations to know that they are people too. That they should not be treated any different just because they are homeless, and can't afford housing.
- The group suggests that if things do not get better that there will be a rise in criminal behavior as people have to survive, and with little to no help they are left with limited choices to ensure that they make it while being homeless.
- People who are homeless need to be provided shelter, it is essential to progress; if the government would provide affordable housing for us then we could try to get jobs. It is hard getting anything if you do not have an address.

## African and Arabic-speaking households (combination of two focus groups)

### Participant introductions:

- Female, lived in Everett for 6 months .Married with one child.
- Female, lived in Everett 20 yrs widowed mom with 3 grown children,
- Male, lived in Everett 1yr. Married, 5 kids.
- Female, lived in Everett 1yr, single mom of 3 kids.
- Male, lived in Everett 7 months, married with 2 kids.
- Male, lived in Everett 8 months. Married with 3 kids.
- Male, lived in Everett for 7 months, married with 2 kids
- Male, lived in Everett for 1yr and half. married
- Male, lived in Everett for 1yr and 3 months. married with 2 kids
- Male, lived in Everett for 2yrs, married with 2 kids.
- Female, lived in Everett for 7 months. Single mom of 2 and expecting.
- Female, lived in Everett 1yr and 5 months, married. 1 son.
- Male, lived in Everett 2 months. Married, 1 son
- Female, lived in Everett 6 months, married, 1 daughter
- Female, lived in Everett 2yrs, widowed. 2 grown children and a nephew
- Female, lived in Everett 2yrs and 7 months. Single mum of 3.

### Employment:

5 out of 16 people are working

- Part time for maintenance dept. at EVCC. I did Community Job at the college and when I finished I was hired part time, 8hrs a week. Though I don't earn much, my TANF was reduced to more than half. My TANF and wages barely pay rent.
- COPES for my daughter. My daughter is 26yrs old and severely disabled. Am 50yrs old and am the Individual provider.
- Childcare provider (2 participants)
  - Childcare pays very little,\$2an hr. But its ok; it provides me with some money for baby needs.
- Restaurant Server:
  - I work in Bothell weekends, it's a long drive and I get there at 5am. But am grateful because am now set to start another job closer, full time and this experience helped me.

### Overview of challenges:

- Refugee and Immigrant Services NW: Helped me deal with a landlord to get back deposit when I moved. They also helped to apply for PUD and Energy Assistance Discounts.
- Am a guardian to my nephew and he is having problems with his Green card, RISNW is helping us to get it resolved.
- Lutheran Services is helping us become certified foster parents. My niece and nephew are in foster care and they are not happy. We hope to get them this year.
- DSHS helps a lot with childcare, bus pass, school books.....It is nice that they have a French speaking case manager; I can express myself better in French than English.
- Childcare is a major challenge. My husband started working and childcare was closed. The little he earns, though enough to close TANF is not enough to pay for childcare. I can therefore not go to school and improve myself even if I want that very much.

- As a new arrived Refugee, small family of 3. My TANF does not cover my rent. Am already in debt as I have to borrow from people to make up the difference.
- I have done some care giving training but every where I apply they want a driving license which I don't have. I have tried the test several times with no success. My language is not a testing language and to get an interpreter, I have to pay them myself. How can I afford that when I don't have a job??
- I have completed all the training required to become a certified childcare provider but I live in an apartment which the board will not approve. I don't have money to move into a house so I can be certified. Am very frustrated.
- Refugee and Immigrant Services NW: Community Jobs have been our life line but the program is only 6 months, this is my last month on CJ and I don't have a job still. They also helped to apply for PUD and Energy Assistance Discounts.
- DSHS helps a lot with childcare, bus pass, school books.....There is no Arabic speaking case manager in Everett CSO,they rely on the phone and that does not work so well sometimes.
- Childcare is a major challenge. I have a big problem getting appropriate care for my kids. The places I want to take them are too far and I don't have a car to drop them there. I was not aware that DSHS approves friends and relatives to do childcare, will look into that. Am happy to know of that option.
- Getting a driving license is a big challenge. I have taken the test 3 times and not succeeded. I get the same lady to take me on the road and she gets me nervous. I wish I had a choice of the instructor.
- In this group we have an experienced dentist, a chemical engineer, a doctor of medicine, and an accountant back in their countries. Their credentials are not recognized in America, they have to go to school again or take the test for their re-certification. The dentist shared that she has friends who have gone though and been certified in America but still cant get a job ,perhaps the accent, perhaps the dress code, she says. This discourages her from trying because it costs money to go through this process, money she doesn't have.

### **Housing**

- Rent is very high, and the utility (water, sewer, garbage) charge seems to go up every month. They tell you rent is \$700 but you end up paying \$800 or more
- I live with my grown kids who contribute to the rent. My son is getting married and when he moves out, we will not afford the rent. I have to move to a smaller place. It will be very uncomfortable for my grown son and I to share a small space, in my culture, this is not ok.
- I have a small family and can't afford a place for myself and my 2 kids. We live with my brother-in-law and his 2 children and also my teenage brother. Very many people in one apartment.
- My TANF does not cover rent. Am having to borrow from friends.
- We are a family of 7 and we live in a 2 bedroom apartment, that's all we can afford. Very small space for so many people.
- The waiting lists are too long. Over a year. What are people supposed to do in the meantime?

### **How can the Government or other Organizations better help people who are struggling with any of these housing issues?**

- Prior planning for Refugees; where they will stay. Perhaps for a year for free while they find their footing.

- Provide housing for new arrivals and put a cap to how long people stay in those low-income housing. Perhaps after 2 yrs they need to vacate so the new people who have nothing and know no one can have a place to stay.
- How about a discount program, similar to the utilities discount. That way if you are eligible, you get rent assistance.

### **Health:**

#### **How many of you are covered by a health insurance plan?**

Provider One – 14 participants

Employer insurance -1

Basic Health through COPES -1

#### **What do you do when you need medical or dental care (Private Doctor Office, community health, other)?**

- When I came, I got Refugee Medical for 8 months but I was not aware it had ended. I continued to go to the Doctor and ended up with a lot of bills. Some went to collections and others I received charity care from the hospital.
- There have been changes to the provider one that am not clear on. I found out from the Dentist that regular care is no longer covered, also sometimes now when I get a prescription, they ask me to pay. I never used to pay before.
- They told us that now that my husband works, adult medical is for another year only. I don't know what we will do after that.
- Our grown children don't have medical coverage. Once they turn 18 everything ends. Even if they are still in school. My son is still a High School student at 19yrs old and he has no medical coverage. How can he get covered? He can't work because I think it will distract him from school. The school is always asking about insurance because he loves sports but they are afraid he will get hurt, and then he will not have medical care. Am worried about my sons all the time.
- Community Health Centre did a referral for me and when I went to this place, there was no interpreter. I went twice, and then I asked RISNW staff for help. When they called, they said they were not aware I needed an interpreter. Really??
- I wear glasses that are no longer covered am told. I just pray the ones I have will last for a long long time.

#### **How could the government or other organizations better help people get the medical and dental care they need?**

- Provide changes to the medical coverage in native language.
- There must be a program to help the young people. The neglected group I call them. They are not children (over 18) and they are not adults either (not working, no children), who will help them?

### **Transportation:**

- I have a driving license and an old car but gas is too expensive and I have a lot of other bills so I have to take the bus.
- I have been here for 7 months; I have gotten lost several times by getting on the wrong bus. I can't read, I just rely on memory.
- I feel lack of driving license because of language barrier is hindering my efforts to get a job.
- I have two small children and am expecting, getting to appointments by bus is really a challenge.

- DSHS is no longer paying for parking permit at EVCC, I park far away from the college and walk. A challenge in this weather.

**Food:**

- The food available at the food banks is usually very limited in choice. They have canned foods that we are not used to. We are used to fresh fruits and vegetables which are hardly ever there.
- No one has gone hungry in the last year. Several stalls in Everett carry Halal meats, which is very important to me.

**Wrap up:**

- I have been here for 20yrs and nothing has changed. If anything some things like getting a job have become worse. I feel the pain for the new arrivals.

The biggest challenges for this group are jobs, housing and childcare. All are linked and related. If they don't have childcare then they can't go to school and therefore not be able to get a job. If you don't have a job, housing becomes a challenge.

## **Appendix B: Survey Questionnaire (English version)**

# Needs of Snohomish County Households What Do You Think?

## A Community Survey about needs for Health and Social services

Snohomish County Human Services is trying to better understand the economic realities facing households in our communities. Please take a moment to fill out this survey. The information that we collect will be used to plan for and better serve those we help. All of the information that you provide is confidential. **Your responses will not affect your grant or benefits in any way.**

Thanks for your help!  
Please complete this survey **just once** per family.

## Important Services To Your Household

1. In the past year, have you or anyone in your home gone hungry because you were not able to get enough food?

☐ Yes ☐ No

2. Over the last year, how often have you felt concerned about the ability of your household to prepare food?

☐ Often ☐ Seldom ☐ Never

3. Which types of food assistance services has your household used in the past year?  
*Please check Yes or No for each.*

Yes No

- |                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Food stamps                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Food banks                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Senior center meals              |
| <input type="checkbox"/> | <input type="checkbox"/> | Meals on wheels                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Churches                         |
| <input type="checkbox"/> | <input type="checkbox"/> | DSHS                             |
| <input type="checkbox"/> | <input type="checkbox"/> | WIC (Women Infants and Children) |
| <input type="checkbox"/> | <input type="checkbox"/> | Public garden/ gleaners          |
| <input type="checkbox"/> | <input type="checkbox"/> | Friends or family                |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Please describe)_____     |

4. If a public garden was available to you, would you use it?

☐ Yes ☐ No

**5. How often does your household use food banks? Please check only one.**

☐ Weekly    ☐ Monthly    ☐ Every six months    ☐ Yearly    ☐ Never

**6. Are you covered by a health insurance plan (including Medicaid, Medicare, Basic Health, or private insurance plan)?**

☐ Yes    ☐ No

**7. Are your children covered by a health insurance plan (such as Medicaid, Basic Health, or private insurance plan)?**

☐ Yes    ☐ No    ☐ I don't have children under 18 living at home.

**8. In the past year, did any of these things happen to you or any member of your household? Please check Yes or No for each.**

**Yes    No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Heat or electricity turned off   |
| <input type="checkbox"/> | <input type="checkbox"/> | Phone service has turned off   |
| <input type="checkbox"/> | <input type="checkbox"/> | Shared housing with another household due to housing costs               |
| <input type="checkbox"/> | <input type="checkbox"/> | Moved due to high housing cost   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was evicted from housing   |
| <input type="checkbox"/> | <input type="checkbox"/> | Left a situation due to emotional or physical violence                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was unable to pay property taxes on home                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Experienced an illness that left unable to work or care for children     |
| <input type="checkbox"/> | <input type="checkbox"/> | Assumed responsibility for overall care of grandchildren                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Postponed getting needed medical care due to cost                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Postponed getting needed dental care due to cost                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Had difficulty getting to work appointments due to transportation issues |

**9. In the past year, which of the following services did you or any member of your household receive? Please check Yes or No for each.**

**Yes    No**

- |                          |                          |                                   |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Drug or alcohol abuse treatment   |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental health treatment           |
| <input type="checkbox"/> | <input type="checkbox"/> | Energy assistance                 |
| <input type="checkbox"/> | <input type="checkbox"/> | ECEAP/Head Start services         |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran's assistance              |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment (job search)           |
| <input type="checkbox"/> | <input type="checkbox"/> | Long-term care/home care services |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency shelter                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Transitional housing              |
| <input type="checkbox"/> | <input type="checkbox"/> | Section 8 housing certificate     |
| <input type="checkbox"/> | <input type="checkbox"/> | Rental assistance                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Bus vouchers                      |



**10. On a scale of 1 to 5, how important is this service to your household now? Use 1 for “not important and 5 for “extremely important”. Please circle one number for each service.**

	Not important			Extremely important	
Mortgage / rental assistance	1	2	3	4	5
Affordable childcare	1	2	3	4	5
Basic education (GED) / English (ESL)	1	2	3	4	5
Legal help	1	2	3	4	5
Help buying gas	1	2	3	4	5
Food (help getting enough food)	1	2	3	4	5
Affordable medical care	1	2	3	4	5
Affordable dental care	1	2	3	4	5
Help with heating & electric bills	1	2	3	4	5
Mental health services/ family counseling	1	2	3	4	5
Drug / alcohol treatment & counseling	1	2	3	4	5
Help finding a job / living wage jobs	1	2	3	4	5
Parenting support	1	2	3	4	5
Preschool education (ECEAP)	1	2	3	4	5

**11. On a scale of 1 to 5, how easy is it for your household to locate and receive these services? Use 1 for “very hard to get” and 5 for “very easy to get”. Please circle one number for each service.**

	Very hard to get			Very easy to get			
Mortgage / rental assistance	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Affordable childcare	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Basic education (GED) / English (ESL)	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Legal help	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Help buying gas	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Food (help getting enough food)	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Affordable medical care	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Affordable dental care	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Help with heating & electric bills	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Mental health services/ family counseling	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Drug / alcohol treatment & counseling	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Help finding a job / living wage jobs	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Parenting support	1	2	3	4	5	or	<input type="checkbox"/> Don't know
Preschool education (ECEAP)	1	2	3	4	5	or	<input type="checkbox"/> Don't know

## Information About You and Your Household

**12. What is your gender?**

- ☐ Male      ☐ Female      ☐ Transgender      ☐ Other

**13. How old are you?** \_\_\_\_\_

**14. What is your home zip code?** \_\_\_\_\_

**15. Which best describes your race? If multi-racial, please check all that apply.**

- ☐ African American/Black  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Caucasian/White  
☐ Native Hawaiian or Other Pacific Islander

**16. Are you Hispanic or Latino?**

- ☐ Yes      ☐ No

**17. What is your highest level of education?**

- ☐ Less than high school  
☐ GED  
☐ High School degree  
☐ 2 Year degree or some college  
☐ 4 Year degree or more

**18. Including yourself, how many persons in your household are:**

0-5 yrs old \_\_\_\_\_ 6-17yrs old \_\_\_\_\_ 18-59 yrs old \_\_\_\_\_ 60+ yrs old \_\_\_\_\_?

**19. How many of those 18 years or older have:**

full-time employment? \_\_\_\_\_ part-time employment? \_\_\_\_\_

**20. Have you or anyone in your household ever served in the U.S. Armed Forces?**

- ☐ Yes      ☐ No

**21. Do you or members of your household have difficulty accessing services because of a language barrier?**

☐ Yes ☐ No

**22. Do you or members of your household have difficulty accessing services because of lack of Public Transportation?**

☐ Yes ☐ No

**23. Does anyone in your household have a disability that limits one or more of their usual daily activities (i.e. walking, eating, bathing, toileting, etc.)?**

☐ Yes ☐ No

**24. Does anyone in your household have a developmental disability?**

☐ Yes ☐ No

**25. Do you have internet access in your home?**

☐ Yes ☐ No

**26. In the past year, have you or anyone in your household contacted 9-1-1 for any reason?**

☐ Yes ☐ No

**27. Are you familiar with the 2-1-1 service?**

☐ Yes ☐ No

**28. Are you familiar with the 5-1-1- service?**

☐ Yes ☐ No

**Compared to a year ago, would you say...?**

**29. My household's financial situation is... (Please check only one)**

☐ much better ☐ somewhat better ☐ about the same ☐ somewhat worse ☐ much worse

**30. My health is...**

☐ much better ☐ somewhat better ☐ about the same ☐ somewhat worse ☐ much worse

**31. My life is generally...**

☐ much better ☐ somewhat better ☐ about the same ☐ somewhat worse ☐ much worse

**32. What agency or organization has asked you to fill out this survey (the office where you are completing this questionnaire)?**

Name of agency or organization? \_\_\_\_\_

## Financial Stability

**33. Are you unemployed but seeking work?**

- ☐ Yes                      ☐ No (Please SKIP to 35)

**34. How long have you been unemployed in months? \_\_\_\_\_ Months**

**35. Do you have a bank account?**

- ☐ Yes                      ☐ No

**36. Have you ever borrowed money from a pay day lender?**

- ☐ Yes                      ☐ No

**37. Did you pay to have your tax return prepared?**

- ☐ Yes                      ☐ No

**38. Have you had to use a savings or retirement account to meet basic needs (food, rent, house payment, utilities, etc)?**

- ☐ Yes                      ☐ No

**39. Does your household use credit cards?**

- ☐ Yes                      ☐ No

## Housing

**40. What type of housing do you live in? Please check only one.**

- ☐ House  
☐ Apartment  
☐ Duplex/Triplex/Fourplex  
☐ Mobile Home  
☐ Condo  
☐ I am currently homeless (Please SKIP to 45)

**41. Do you own or rent your home?**

- ☐ Own                      ☐ Rent

**42. Are you one or more months behind in your rent or house payment?**

- ☐ Yes                      ☐ No

**43. Is your home in foreclosure?**

- ☐ Yes                      ☐ No

**44. Have you ever been homeless?**

- ☐ Yes                      ☐ No (Please SKIP TO 49)

**45. How long have you been homeless (or how long were you homeless the last time)?**

- ☐ Less than one year                      ☐ One year or more (or continuously)

**46. In the past 3 years, how many times have you been homeless? \_\_\_\_\_ TIMES.**

**47. Have any of these situations caused you to become homeless?**

***Please check Yes or No for each.***

**Yes    No**

- |                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Drugs/alcohol                    |
| <input type="checkbox"/> | <input type="checkbox"/> | HIV/AIDS                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental illness                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Domestic violence                |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical disability              |
| <input type="checkbox"/> | <input type="checkbox"/> | Felony conviction                |
| <input type="checkbox"/> | <input type="checkbox"/> | Lost job                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Eviction                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Family break-up                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Unable to pay rent / mortgage    |
| <input type="checkbox"/> | <input type="checkbox"/> | Misdemeanor conviction           |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical problems                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical costs                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Lack of child care               |
| <input type="checkbox"/> | <input type="checkbox"/> | Poor credit rating               |
| <input type="checkbox"/> | <input type="checkbox"/> | Language barrier                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Failed job drug screening        |
| <input type="checkbox"/> | <input type="checkbox"/> | Lack of job skills               |
| <input type="checkbox"/> | <input type="checkbox"/> | Discharged from institution/jail |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary living situation ended |

**48. When you were homeless, where did you stay? *Please check Yes or No for each.***

**Yes    No**

- |                          |                          |                       |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Family/friends        |
| <input type="checkbox"/> | <input type="checkbox"/> | Outside               |
| <input type="checkbox"/> | <input type="checkbox"/> | Shelter               |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital              |
| <input type="checkbox"/> | <input type="checkbox"/> | Correctional facility |

**49. Here is a list of common sources of household income. Have any of these has been a source of income for anyone in your home during the past year? Please check Yes or No for each.**

**Yes    No**

- |                          |                          |                                 |
|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Wages or income from employment |
| <input type="checkbox"/> | <input type="checkbox"/> | VA benefits                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security                 |
| <input type="checkbox"/> | <input type="checkbox"/> | SSI                             |
| <input type="checkbox"/> | <input type="checkbox"/> | SSD                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers Compensation (L & I)    |
| <input type="checkbox"/> | <input type="checkbox"/> | Relatives, friends, partners    |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF (Welfare Assistance)       |
| <input type="checkbox"/> | <input type="checkbox"/> | GAU or GAX                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment insurance          |
| <input type="checkbox"/> | <input type="checkbox"/> | Child support                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Pension                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Investment income               |

**If you have NO income, how do you pay for basic living expenses?**

---

**50. In the past year, what was your average estimated MONTHLY household income from all sources above?**

Dollars per MONTH \$ \_\_\_\_\_

**51. In the past year, were any of your household's benefits stopped or reduced (for example, TANF, SSI, GAU, Food Stamps or other assistance)?**

☐ Yes                      ☐ No

**52. If you answered yes to the question above, please indicate why your benefits were stopped or reduced. *Please check Yes or No for each.***

**Yes    No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I started working and now have an income    |
| <input type="checkbox"/> | <input type="checkbox"/> | My earnings increased, so I am not eligible |
| <input type="checkbox"/> | <input type="checkbox"/> | I did not meet the work requirements        |
| <input type="checkbox"/> | <input type="checkbox"/> | It was too much of a hassle                 |
| <input type="checkbox"/> | <input type="checkbox"/> | My case worker said the rules changed       |
| <input type="checkbox"/> | <input type="checkbox"/> | Don't know                                  |